Project 1
The use of Telehealth to maximise patient outcomes following upper limb reconstructive surgery in tetraplegia.
Ward/Dept/Service Area: Upper Limb Program, Occupational Therapy Department
Project Team Members’ Names & Roles: Jodie Hahn, Catherine Cooper & Amy Prentice

Project 2
Reducing Day of Surgery Cancellation
Ward/Dept/Service Area: Div. of Surgery, Anaesthesia and Procedural Medicine
Project Team Members’ Names & Roles: Melodie Heland (Divisional Director SAPM), Tiffany Whitelock (DM Surgical Access), Janine Gale (Surginet Support), Hazel Reimers and Rina Clemow (Clerical Leads, Austin and Repat theatres), Patricia Bruce (Consumer Rep) and working party

Project 3
Your Radiation Therapy Treatment Pathway
Ward/Dept/Service Area: Radiation Oncology
Project Team Members’ Names & Roles: Naina Dhana (Clinical Educator), Michelle Starmans (Project Officer), Cian Marangos & Sam Penso (Radiation Therapists) and Kate Francis (RT Manager)

Project 4
BEEP (Breast Cancer Education and Exercise Program)
Department: Physiotherapy Department and ONJ outpatients.
Project Team: Kristen Capron (Physiotherapist) / Dr Belinda Yeo (Oncologist)

Project 5
“Rehab Starts Now!”
Department: Physiotherapy Department and all acute wards
Project Team: Sharae Theisinger (PT) and Mark Hindson (PT)
**Project 6:**
Making case conference summaries client centred.

*Service:*
Health Independence Program: Community Rehabilitation Service

*Project Team:*
Jannette Blennerhassett, Louisa Bilske, Joan McEleavy and Jodie McGregor.
Multidisciplinary team members

**Project 7**

**Patient Activity Programme – Pre-programme survey**

*Ward/Dept/Service Area:*
Ward 9

*Project Team Members:*
Penny Cotter, Occupational Therapist

**Project 8**

**Lung Cancer Service Redesign Project**

*Ward/Dept/Service Area:*
Cancer Services

*Project Team Members’ Names & Roles:*
Julia Todd (Project Officer), Paul Mitchell (Medical Oncology / Project Clinical Lead), Helen Longton (Divisional Manager, Inpatient Cancer Services & Day Oncology / Project Manager) and Lisa Briggs (Consumer Representative)

**Project 9**

**Patient Led Leisure Program**

*Ward/Dept/Service Area:*
Community Integration and Leisure Services (Royal Talbot)

*Project Team Members’ Names & Roles:*
Community Integration and Leisure Services staff members Sharon Bard and Lotti Stein. Leisure Volunteers Michael Thorburn, Wendy Jaeger and Frank Maziarz

**Project 10**

*Title of Project:*
Place of Opportunity (ABI Ward Recreation Group).

*Ward/Dept/Service Area:*
ABI Ward, Community Integration & Leisure Services (CILS), Royal Talbot

*Project Team Members’ Names & Roles:*
CILS Staff members Sharon Bard, Lotti Stein. CILS Volunteers Michael Thorburn, Anna Peric, Frank Maziarz.
Project 11
Implementation of a Symptom and Urgent Review Clinic (SURC) for patients experiencing toxicities related to systemic anti-cancer therapies (SACT)
Ward/Dept/Service Area: Ambulatory Cancer Services
Project Team Members’ Names & Roles:
Angela Mellerick (Project Lead-Nursing), Polly Dufton (SURC nurse/project officer), Cher Wang (SURC nurse), Helen Longton (Divisional Manager), Niall Tebbutt (Project lead-medical), Graeme Down (consumer representative)

Project 12
Establishing a Formal Training Program for Peer Wheelchair Skills Coaches
Service Area: Spinal Rehabilitation (Physiotherapy)
Project Team Members’ Name & Roles:
Coaches: Mark Hanson, Antonio Vecchio, Lynne Panayiotis, Josh Hose, Ajith Antony
Therapists: Bryn Fittall (EP), Mark McDonald (PT), Sanna Malaeb (PT), Mel Kotze (PT), Sal Dema (Peer Support Manager)

Project 13
Patient and Family Tracheostomy Forums
Ward/Dept/Service Area: Tracheostomy Review and Management Service (TRAMS)
Project Team Members’ Names & Roles:
Christine Knee Chong (TRAMS CNC), Lucy Fritze (TRAMS Speech Pathologist), Sacha Allnatt (TRAMS Speech Pathologist), Jack Ross (TRAMS/ Spinal Senior Physiotherapist), Renee Bartlett (TRAMS CNC), Caroline Chao (TRAMS/ VRSS Senior Physiotherapist), Tanis Cameron (TRAMS Manager)

Project 14
Switch to Subcutaneous Administration of Immunoglobulin.
A nurse led program to prepare Patients for self injection in the home.
Project Team Members’ Names & Roles:
Angela Mellerick (Project Lead), Diane Han (SClg CNC)/Project Officer), Daniela Zantomio (Medical Lead/Haematologist), Chris Hogan (Clinical haematologist SME)
**Project 15**

ICU daily Next of Kin/Medical Treatment Decision Maker (NOK/MTDM) update phone calls.

Ward/Dept/Service Area:
Intensive Care Unit

Project Team Members’ Names & Roles:
*Sevena Miranda (ANUM), Andrew Satterley (CNS) & Robyn Best (CNS)*

**Project 16**

Patient Diaries in ICU.

Ward/Dept/Service Area:
Intensive Care Unit

Project Lead:
Andrew Satterley (Clinical Nurse Specialist, ICU)

**Project 17**

My Austin Health Journey App

Ward/Dept/Service Area:
Surgery, Anaesthesia and Procedural Medicine

Project Team Members’ Names & Roles:
Jodie Renton: Quality Coordinator, Melodie Heland: Divisional Director SAPM, Andrew Hardidge: HOU Orthopaedics, Rhys Vaughan: Medical Divisional Director SAPM and HOU Endoscopy
What did your project set out to achieve (the aim) and why?
A cervical spinal cord injury or tetraplegia results in loss of upper limb function and has a profound impact on a person’s engagement in daily life. Through reconstructive nerve and/or tendon surgery, patients can improve their upper limb function and improve opportunities for participation in their choice of meaningful occupations. This surgery is extremely specialised and currently not widely available throughout Australia. For a successful outcome, individuals need to be assessed by a multidisciplinary team and participate in follow up rehabilitation. Individuals undergoing surgery may live anywhere in Australia and experience significant difficulty accessing appropriate services due to distance, access to transport and their own personal care needs.
This initiative aims to maximise patients’ outcomes and general quality of life by improving access to specialised assessment and post surgical rehabilitation through telehealth.

How were consumers involved?
Direct feedback collated from patients during initial contact and assessments included:
• Difficulties attending specialised assessments or follow up therapy due to the time and cost required to travel to the hospital.
• Infrequent access to wheelchair accessible transport and available carer.
• Personal care needs at time of appointments including pressure care and toileting routines.
• Inability to access therapists in their local area with knowledge of spinal cord injury to provide follow up rehabilitation.
Patient evaluation of current Telehealth service is planned given recent installation of the new equipment.

How has the patient experience been improved?
The use of Telehealth increases patient access to some initial assessments and regular post surgical therapy sessions where transportation and physical attendance can be challenging. Patients are now able to access weekly therapy as opposed to previous monthly sessions. This is a more effective use of face to face appointments, as a clear purpose and direction can be determined prior to the session. The service has been proactive in minimising the need for patients to travel long distances for short appointments – face to face is not always necessary, reducing the patient/carer burden substantially.
The use of Telehealth can also facilitate clearer communication with patients’ carers and their local practitioners in rural and remote areas, and enable education and joint treatment sessions to be held. Local therapists in Tasmania, Western Australia, Bendigo and Moe now access this service.
CONSUMER ENGAGEMENT AWARD

Title of Project: Reducing Day of Surgery Cancellation
Ward/Dept/Service Area: Div. of Surgery, Anaesthesia and Procedural Medicine
Project Team Members’ Names & Roles:
Melodie Heland (Divisional Director SAPM) , Tiffany Whitelock (DM Surgical Access) , Janine Gale (Surginet Support) , Hazel Reimers and Rina Clemow (Clerical Leads, Austin and Repat theatres) , Patricia Bruce (Consumer Rep) and working party

Project aim:
Reduce day of surgery cancellations so that Austin health can:
• Improve patient experience (so that patient receive surgery when scheduled )
• Improve the utilisation of resources (by reducing re-work and using all theatre slots )
• Better meet all Dept. of Health requirements in accordance with Elective Surgery Access Policy
• “The patient is at the centre of our process”

How were consumers involved?
• Patricia was integral as Working Party committee member
• Patients were surveyed about their experiences when surgery was cancelled, which drove our actions
• Examined the patients’ viewpoint and ease, at each step, rather than performing the work in historical ways, or at staff convenience
• Patient documentation was standardized across two campuses, in plain language and design
• Phone contact details were streamlined, with a customer service emphasis
• Patient journeys were collated and examined by the working party

How has the patient experience been improved?
• More patients are getting surgery as scheduled, as less have been cancelled. Stress and inconvenience has been avoided.
• Patients have received clearer booking information and know who to contact if needed before surgery. Stress has been reduced by being able to easily speak to clinical staff.
Title of Project: Your Radiation Therapy Treatment Pathway

Ward/Dept/Service Area: Radiation Oncology

Project Team Members’ Names & Roles: Naina Dhana (Clinical Educator), Michelle Starmans (Project Officer), Cian Marangos & Sam Penso (Radiation Therapists) and Kate Francis (RT Manager)

Aim: A visit to the Radiation Therapy department can be confusing, overwhelming and frightening to patients. In response to questions and fears raised by new patients, we developed an orientation video showcasing our service. The video discussed the department layout, transport options, overview of some of the special equipment used for radiotherapy and a discussion about the treatment experience. Patients may watch the video at their leisure and share with their families and friends before their first visit to the department. The hope is that the video will make the patient experience more positive by increasing understanding & reducing anxiety & stress from “fear of the unknown”.

Who we asked: Current patients, Austin Health Staff & volunteers, NEMICS Consumer Reference group & key stakeholders advising as part of a steering committee.

What we asked:
- We asked current patients how prepared they felt for their radiotherapy. We engaged with patients to ensure the information within the video, as well as the format, supported their needs.
- We asked current patients, staff, volunteers, consumer reference groups & our steering committee to review the script & subsequent video.

When we asked: Consumers were actively engaged every step of the way: from what type of information they needed, to how they would like it presented & reviewing the scripts & video edits.

Bonus: We were fortunate enough to have some of our wonderful Austin Health volunteers appear in the video as extras, providing their sound advice & star quality!

Our video will be released in the coming weeks. Links to the video will appear on the ONJ website and patient flyers will include how to access this video at home.

Feedback from patients so far include:

“I wish I had seen this wonderful video at the beginning”
&
“it helped with the unknown”

This resource will be a valuable addition to the information & assistance currently provided to our patients to help them navigate their Radiation Therapy treatment.
**Title of Project:** BEEP (Breast Cancer Education and Exercise Program).  
**Department:** Physiotherapy Department and ONJ outpatients.  
**Project Team:** Kristen Capron (Physiotherapist) / Dr Belinda Yeo (Oncologist).

What did your project set out to achieve (the aim) and why?

**YOU SAID: “How can I exercise while I am undergoing my cancer treatment?”**

Recently there has been increased media attention publicising that exercising during active treatment can reduce mortality and cancer re-occurrence (especially within the Breast Cancer population). As patients and family members have become aware of the importance of exercise, the ONJ physiotherapist has experienced a large number of enquiries about access to a gym and specialist exercise advice. No outpatient service existed to support these requests. It was recognised that Austin Health and the Olivia-Newton John Cancer Centre were not providing the care that research had shown is effective and that consumers were saying they wanted.

**WE DID: We set up a new exercise program for patients with Breast Cancer.**

The aim of this project was to provide a new model of care to promote and support patients with newly diagnosed Breast Cancer to maintain or increase the amount of exercise they engaged in during their initial chemotherapy.

How were consumers involved? A pilot program funded by NEMICs was designed and offered to patients with newly diagnosed Breast Cancer for 16 weeks (April – August 2018). In the design phase, consumers emphasized the need for a range of options, especially for those who work full-time and have family commitments. In response, the pilot offered a centre-based and home-based option. Strategies to gain consumer input at multiple times points during the pilot were employed. The ‘consumer tick of approval’ was utilized for all outputs, including the patient education package and promotional brochure. Experience feedback was largely positive, however, the inconvenience of the selected gym times (3:30-4:30pm Mon/Thurs) was consistently reported. The Physiotherapy Department is now collaborating with ONJ to open a gym within the centre itself and employ a full-time Exercise Physiologist. This will allow greater flexibility in providing an important evidence-based service which better suits the needs of our consumers.

How has the patient experience been improved? Patients with Breast Cancer can now access the information and support they need to embed exercise in their cancer treatment program. The BEEP program has support to continue and we are aiming to broaden to other tumour streams so we can help many more patients with cancer in the near future.

*A Consumer said: “BEEP makes me feel like I’m doing more to beat this!”*

Please view https://youtu.be/m_mulGOMk1E for further consumer feedback.
Title of Project: “Rehab Starts Now!”

Department: Physiotherapy Department and all acute wards

Project Team: Sharae Theisinger (PT) and Mark Hindson (PT)

Long-stay patients are inactive, disengaged and may not have control over their recovery. They feel like they are just “waiting for a bed” at rehab. A survey found:

- **92%** identified goals they wanted to achieve:
  - “standing on my own two feet” and “to be able to wash myself.”
- **85%** thought an early rehab program would be very important in their recovery.

Together we developed a 5-minute “Rehab Starts Now!” video to get people on-board to start their rehab journey early!

**The video encourages:**
- Getting out of bed
- Completing independent self-care
- Wearing day clothes and shoes
- Completing targeted exercise – to achieve their goals as soon as possible.

It can be viewed at: [https://youtu.be/jepTNyF6M3Y](https://youtu.be/jepTNyF6M3Y)

Involved at every step:
- Long-stay patients and families were surveyed and the “Rehab Starts Now!” concept was created with them
- They were featured in production and provided feedback on the video
- Long-stay patients watch “Rehab Starts Now!” in hospital


- **12** patients encouraged to watch
- **36** Youtube video ‘hits.’

Patients are saying: “It’s good to be able to start straight away” and “get on with getting better” “I can now stick to my goals”
Title of Project: Making case conference summaries client centred.
Service: Health Independence Program: Community Rehabilitation Service.
Project Team: Jannette Blennerhassett, Louisa Bilske, Joan McEleavy and Jodie McGregor. Multidisciplinary team members.

What we did and why we did it? The traditional case conference (CC) provides a forum to set goals and plan rehabilitation. We wanted to share the CC summary with clients to foster engagement and ensure the plan met the person’s needs. However, the current document was not suitable as it lacked the client’s voice and used lots of jargon. Before making any changes to the CC summary, we asked consumers of our service what they wanted, and what would be helpful. We worked closely with the Centre for Patient Experience and our Consumer representative to plan a Question and Answer (Q & A) session. The session involved 3 consumers (including one carer) and was mediated by our consumer representative. The 30 staff members attending sat and listened (without interruptions) to the client’s views. Comprehensive notes taken were checked for accuracy, and used to promote staff reflection. Some of our consumer’s key messages were: “working together”, “be on the same page”, “helps to see if you are making progress”, “written in lay terms”. Staff workshops have been undertaken to use the client’s feedback to enhance our CC processes.

How has the patient experience been improved? The clients felt empowered to have staff listen to them. Their feedback provided a powerful incentive for staff to question traditional processes and change practice. The feedback also reinforced the value of shared decision making to achieve best outcomes for clients and carers. The CC summary will evolve to a more client centred document, without jargon and portraying the client’s voice. We will seek ongoing feedback from our clients to get this right, and ensure the summary is endorsed by consumers.
What did your project set out to achieve (the aim) and why?
Previous feedback from patients, relatives and staff indicated there is a lack of engagement in activity and social interaction for patients, many of whom experience cognitive impairment associated with dementia and delirium. The physical environment has also not been considered conducive to the specific needs of this population. Feedback was sought regarding patients and families emotional experience on the ward, their perception of the physical environment and their response to a proposed activity programme.

How were consumers involved?
A face to face survey of 42 patients was conducted, with 31 willing or able to provide feedback. Families and partners of 5 patients also provided input. Participants ranged in age from 66 to 94 years of age.

How has the patient experience been improved?
The survey identified that 47% of respondents had not settled easily into the ward, describing feeling worried or anxious. The majority provided suggestions for activities, 61% reported that engaging in a group social activity would improve their experience, 45% reported that activities that help with movement, memory and orientation would be beneficial and 51% stated they would attend an activity group.
This feedback supports the proposed activity programme, which will be introduced within the coming months, and include activities suggested by the survey participants. An environmental assessment has been conducted, with recommendations to be put forward to improve orientation, socialization, comfort and mood.
In line with the nationally endorsed *Optimal Care Pathway for People with Lung Cancer*, the Lung Cancer Service Redesign Project aimed to improve the timeliness of treatment and multidisciplinary meeting discussion rates for patients with newly diagnosed lung cancer at Austin Health. Areas of focus identified for improvement were referral and triage processes, performance monitoring and improved overall care coordination to better manage the complex medical and psycho-social needs, and high risk of emotional distress for these patients. Consumers were engaged throughout all phases of the project, from planning through to evaluation, using co-design principles. Two consumer representatives were recruited, a patient and a carer, providing valuable insights from both perspectives.

Examples of consumer involvement in the project include:

- Patient interviews (with ethics approval)
- Attendance at a Rapid Improvement Event, attended by 35 lung cancer services staff, with one consumer presenting on their personal experience of lung cancer to open the event.
- Active involvement in steering committee and working party meetings to ensure the consumer perspective was considered for any proposed changes to the service design.
- Provided valuable feedback on a gap analysis conducted of patient care coordination requirements

With the input of strong advocacy by consumer representatives, we have improved the lung cancer service processes for GP referral into the Lung Mass Clinic, timeliness of booking of specialist clinic appointments and diagnostic tests, quality of the multidisciplinary case conferences, and are working on improving patient care coordination and support. A business case for a new lung coordinator role is currently in development, which will lead to improved overall care coordination and reduced psychosocial distress for patients.
Title of Project: Patient Led Leisure Program  
Ward/Dept/Service Area: Community Integration and Leisure Services (Royal Talbot)  
Project Team Members’ Names & Roles: Community Integration and Leisure Services staff members Sharon Bard and Lotti Stein. Leisure Volunteers Michael Thorburn, Wendy Jaeger and Frank Maziarz

What did your project set out to achieve (the aim)?
To listen to individual expectations and needs of patients that contribute to their rehabilitation journeys. We aimed to achieve this by tailoring leisure programs and services that: facilitates active patient choices and exploration of leisure; facilitates opportunities for patients to connect with others and offers peer support; encourages and facilitates patients to use leisure opportunities to directly support their rehabilitation goals. 
Part of this project is to develop processes, structures and a volunteer model that is replicable across other wards in Austin Health.

How were consumers involved? (ie: focus group, working party, steering committee member, surveyed, interviewed, etc)
Surveys were developed to identify trends that guided program development; a sample group of patients are surveyed each week; we actively seek out and listen to individual patient needs and interests by conducting leisure introductions and regular follow up; we listen for opportunities to support friendships and relationship building; we do this by listening to feedback from patients either directly or as communicated through staff and leisure volunteers who interact and get to know the patients well over a period of time. All of this information informs new program development and individual patients’ leisure experiences on the ward (specific examples of individual patient experiences and outcomes can be provided).

How has the patient experience been improved?
We now offer more programs on our inpatient leisure timetable which have been patient led from their suggestions (a knitting group, an indoor bowls group and a wheelchair table tennis group). We have a more diverse range of patients accessing and engaging in leisure while at Royal Talbot, including non-weight bearing patients. We have responded to accessibility barriers based on individual patients’ requests and needs; barriers have included behavioural barriers, physical access and adaptations; we are led and guided to be innovative by the patients. We have profound examples and case studies that can be shared at the next stage of this award process.
What did your project set out to achieve (the aim) and why?
The program was initiated in direct response to five patients who were in rehabilitation on the ABI Ward beyond their expected stay due to lengthy and significant NDIS related delays (12 months). These patients self identified a risk of institutionalisation due to their lengthy admission in rehabilitation and their moods were self reportedly low and as identified by staff of the ABI Unit. The ABI Unit clinical team supported the importance of establishing an ABI specific patient led leisure program.
The aim of the program was to give the patients ownership over a meaningful leisure program which resulted in their utilising the onsite recreation room; and being able to leave the ABI Ward (as it is a locked ward).
The program aimed to utilise volunteers to facilitate access to the recreation room and it’s equipment such as air hockey, table tennis, pool table, board and card games; in a relaxed and non-clinical setting that encouraged social connection, conversations and a feeling of normalisation of being a person again (as opposed to a patient).

How were consumers involved? (ie: focus group, working party, steering committee member, surveyed, interviewed, etc)
Through our leisure staff liaison presence on the ABI Ward, patients had developed a relationship with our department and a trust to voice their leisure needs and wants to us. Patients had raised a need for regular leisure participation and involvement, the staff of the ABI Unit and CILS were aware it was a critical situation and brought the group together initially as a once off to the Recreation Room, facilitated by CILS staff. The group requested it be an ongoing and regular occurrence, vocally to leisure staff. The program organically grew from one session to become a regular leisure program specifically for the patients on ABI and their specific leisure, access and support needs.

How has the patient experience been improved?
The program continues currently in it’s weekly format, well attended (with up to 70% of the ward who are not in Post Traumatic Amnesia attending at any one time) and now facilitated entirely by CILS volunteers. The original patient group that established the program have all now discharged, and their legacy is a non-clinically based leisure program for current and future ABI Ward patients. These subsequent patients have reported the same need for this leisure program and continue to make it the most well attended leisure program by ABI patients. The ABI patients have a sense of ownership of the recreation room to base other one-off leisure experiences there – they held a Friday evening BBQ in the space for their families and friends to attend.
The SURC is a nurse led model of care that provides
- dedicated education to patients most at risk of developing toxicities associated with SACT,
- a telephone triage and advice service
- a walk in clinic for cancer patients to present.

It is located within the Day Oncology unit Monday-Friday and is staffed by expert cancer nurses. As well as providing reassurance to Patients on SACT, the model aims to prevent unplanned ED presentations.

A steering committee including a consumer representative was convened to provide oversight to the project, including the development of a comprehensive suite of patient presentation and referral pathways, patient assessment documents and an evaluation framework for the project. Patients were surveyed pre and post the implementation of SURC via a formal survey tool as well as anecdotal feedback via MySay throughout the project.

Since the project was implemented January 29 2018, there have been over 1000 patient encounters through SURC.

Unplanned ED presentation has decreased
- Of 150 SURC encounters - Patients reported that they would have otherwise presented to ED
- 30 Patients have been directly admitted from SURC bypassing an ED encounter. Median time in SURC for these patients is 3hrs:20mins – well within the 4 hour target

Patient feedback via formal surveying has been overwhelmingly positive

The survey data has demonstrated
- 69% increase in patients who report a dedicated nursing contact if they experience toxicities
- 40% increase in patient satisfaction with advice regarding management of toxicities
- 14% increase in patients who report a nurse checked if they needed help managing their emotional state
- 30% increase in patient satisfaction with information provided on how to manage anxiety/stress
- 18% increase in patients who report a nurse checked if patients’ family member/carer needed information or support.

Anecdotal feedback from Patients via MySay

“The SURC clinic has been extremely helpful... I have the number on speed dial. It has provided a safety net post a diagnosis with cancer. The SURC nurses have been reliable and it has provided me with personal one on one contact which has been enormously beneficial throughout my chemotherapy treatment” SURC Patient

Feedback from other members of the Cancer Team who have engaged with SURC

“The SURC clinic provides an ideal opportunity for nurses to follow up with patients commencing chemotherapy. It’s particularly valuable for those patients we know will need extra support.” Medical Oncology Registrar, Austin Health
**CONSUMER ENGAGEMENT AWARD**

**Title of Project:** Establishing a Formal Training Program for Peer Wheelchair Skills Coaches  
**Service Area:** Spinal Rehabilitation (Physiotherapy)  
**Project Team Members’ Name & Roles:**  
**Coaches:** Mark Hanson, Antonio Vecchio, Lynne Panayiotis, Josh Hose, Ajith Antony  
**Therapists:** Bryn Fittall (EP), Mark McDonald (PT), Sanna Malaeb (PT), Mel Kotze (PT), Sal Dema (Peer Support Manager)

**What did the project set out to achieve?**  
- Expand pool of peer coaches to increase session frequency  
- Design and implement a formal training and assessment program to promote quality and consistency of peer coaching  

**How were consumers involved?**  
- New coaches were assessed on their ability to teach basic wheelchair skills to consumers (inpatients)  
- Existing peer coaches contributed to the design, delivery and assessment components of the course  
- Consumers provided feedback for course evaluation  

**How has the patient experience been improved?**  
- New peers coaches reported increased knowledge and confidence for teaching wheelchair skills to patients  
- Increased number of coaches = more frequent sessions  
- Framework established for the future recruitment and training of prospective peer wheelchair skills coaches
What did we do?

Living with a tracheostomy tube is often frightening and isolating for patients and their families. Austin Health patients, families and clinicians collaborate worldwide with other patients and families via the Global and Tracheostomy Collaborative (GTC).

www.globaltrach.org

In 2016 TRAMS and the GTC started hosting twice yearly Tracheostomy Patient and Family Forums. This exciting initiative has been very successful.

What happens at the forums?
• Tracheostomy patients and their families meet others with tracheostomies
• Patient achievements are celebrated
• Patients and families participate in the exciting global tracheostomy community
• Patients and families share their stories, learn from each other and feel connected
• TRAMS presents patient and family awards for thriving in the community with a tracheostomy

Patient and family feedback to TRAMS has also led to initiatives such as:
• Our patients and families present at every TRAMS Interdisciplinary Workshop since 2010
• Our patients and families presented at the 2016 (Baltimore) & 2017 (Dallas) International Tracheostomy Symposiums
• Our patients feature in videos, newsletters and webinars about Thriving in the Community with a Tracheostomy that are shared around the world

After each forum, we obtain feedback from the consumers on the events and what they would like featured for future forums. They are very engaged in the process.

How has the patient experience been improved?

Through our Patient and Family Tracheostomy Forums we have created a safe and supportive community for tracheostomy patients and their families.

This year we gave all of our hospital and community patients hand-made cards congratulating them for thriving with a tracheostomy and acknowledging their strength, tenacity and perseverance. These beautiful cards were designed and made by Sally Messer, a tracheostomy patient on 5 West and her mother Jenny (pictured).

A strong sense of a tracheostomy community is created and sustained
CONSUMER ENGAGEMENT AWARD

Title of Project: Switch to Subcutaneous Administration of Immunoglobulin
Implementation: A nurse led program to prepare Patients for self injection in the home.
Project Team Members’ Names & Roles: Angela Mellerick (Project Lead), Diane Han (SCIg CNC/Project Officer), Daniela Zantomio (Medical Lead/Haematologist), Chris Hogan (Clinical haematologist SME)

Patients with immune deficiency present monthly to Day Oncology or ACC for up to 6 hours for IV administration of Immunoglobulin. A Subcutaneous formulation of Immunoglobulin (SCIg) became available within Australia as an efficacious alternative to IVIG. Duration of administration for SCIg is approximately 2 hours every 2 weeks, which can be safely self administered in the home via a specialized pump set up. The benefits of self administration in the home are not limited to, but include
- Increased patient control over their life
- Freedom for extended travel (Patients can be provided with 2 months supply of SCIg product at a time)
- Decreased cost associated with travel to/from hospital and associated car parking
- More stable Serum Immunoglobulin levels so less infection and improved quality of life

The project was initially implemented for patients with an underlying haematological indication, however has been expanded to other patient groups including rheumatology, respiratory and infections disease Patients. Currently, 17 Patients have switched from intravenous administration of Immunoglobulin to self administration of SCIg in the home environment and the numbers continue to grow.

The program involves the patient presenting to Day Oncology over 3-4 visits for education and supervised self administration. Once the patient is assessed as competent they are provided with the product and equipment for self administration at home. They have ongoing support by a Clinical Nurse Consultant over the phone and 2 monthly when they visit to collect product and equipment.

Patient Feedback

- “You do miss out things at times when you have to come into hospital once a month for treatment. Now I can go away on a holiday and not have to worry that I have got to get back for my medication. I can take it with me”
- “This is life changing. I don’t need to come to hospital for my rest of life; I have been coming to hospital for the immunoglobulin therapy about 10 years. I will be able to make my time frame more flexible”.
- “I can do more travel and don’t need to worry about coming to hospital for the treatment…”
- “My chair can now be used for someone who really needs it”
What did your project set out to achieve (the aim) and why?
An essential component of caring for patients in the Intensive Care Unit (ICU) is consistent communication with the patient’s family unit. Based on several documented reviews it has been suggested that a daily phone call at “a specific time to a specific family member” could reduce anxiety and stress levels in the family unit. ICU’s feedback in regards to communication with families was deemed acceptable, however it was evident that we could improve the regularity of communication with the family/carer to better support them through the ICU experience. The aim of this project is to engage with the NOK/MTDM’s, providing timely information relating to the treatment, care and well-being of the patient. Ultimately relieving or reducing stress and uncertainty experienced by families while their loved one is critically unwell.

How were consumers involved? (ie: focus group, working party, steering committee member, surveyed, interviewed, etc)
Several meetings were held with Robyn, Andrew and myself, we discussed strategies on implementing NOK/MTDM phone update. To provide a comprehensive update, we decided post the morning medical ward round the bedside nurse would contact NOK/MTDM. During this call the nurse would provide a brief update on the patient’s condition and the desired medical plan for that day. Visitors cards were also updated, highlighting the daily NOK/MTDM phone updates. Following the implementation of this project, 3-6 months later, we surveyed several patients’ NOK/MTDM and gained their feedback on the daily update.

How has the patient experience been improved?
Since the implementation of the daily NOK/MTDM phone update, families have expressed their gratitude for the constant updates on the progress of their family member. Families found the information provided was informative & concise which helped them to understand the desired medical plan for the day. One NOK/MTDM surveyed made comment that the communication and update was ‘all good... as good as ever seen.’
Title of Project: Patient Diaries in ICU.

Ward/Dept/Service Area: Intensive Care Unit

Project Lead: Andrew Satterley (Clinical Nurse Specialist, ICU)

What did your project set out to achieve (the aim)?

Evidence suggests that the use of Patient Diaries reduces the incidence of anxiety, depression and post traumatic stress disorder in both patients and their relatives after an episode of critical illness.

The aim of the patient diary is to help patients understand what has happened to them, filling in the memory gaps and correcting delusional memories which are often cited as the cause of psychological disturbance post ICU episode.

Daily entries are made by any member of the multidisciplinary team in conjunction with family members. The entries are accompanied by photographs of milestone events. Entries are made in plain non-medical language.

How were consumers involved? (i.e.: focus group, working party, steering committee member, surveyed, interviewed, etc)

Relatives of patients who are expected to be ventilated for three days or more are approached to ascertain their interest in commencing a patient diary. With agreement, a diary is commenced. Relatives are encouraged to express their concerns, write personal messages to their loved one and to document ongoing family life whilst the patient remains critically ill. After ICU discharge, patients are approached, the concept of a patient diary explained and consent sought to present the completed diary including photo’s to the patient.

What improvements have been made to patient centred care?

Patients have greatly appreciated the diaries finding them to be a caring act as well as a valuable resource in helping them to recall and mentally process their ICU experience.

Relatives have found them to be a therapeutic tool in dealing with their own stress and a way of maintaining emotional closeness in a time of physical separation. They have also found it very satisfying being able to be part of the wider care team.

Staff have found them to improve job satisfaction, helping them to maintain a sense of the person’s identity in what is a very technical environment.

The diary also acts as a feedback tool where family concerns can be quickly identified and acted upon.
Title of Project: My Austin Health Journey App  
Ward/Dept/Service Area: Surgery, Anaesthesia and Procedural Medicine  
Project Team Members’ Names & Roles: Jodie Renton: Quality Coordinator, Melodie Heland: Divisional Director SAPM, Andrew Hardidge: HOU Orthopaedics, Rhys Vaughan: Medical Divisional Director SAPM and HOU Endoscopy

How were consumers involved? (ie: focus group, working party, steering committee member, surveyed, interviewed, etc)  
We had consumer representation in the development of text, providing feedback on the look, usability, readability of the app. They provided invaluable feedback about order of the information provided and the level of information provided. Prior to the App being launched we met with patients on the day of their procedure and gave them the opportunity to experience the app and provide feedback as to their preference of the app over traditional information methods.

How has the patient experience been improved?  
The purpose of the App is to improve patient knowledge and engagement in their health care by providing bite size pieces of information about the preparation for their procedure, the actual procedure and their expected recovery in an electronic format to further support patient information brochures currently available. The app also provides the patient an opportunity to call directly through to the staff that are involved in organising their procedure further improving the lines of communication for the patient.