Austin HEALTH

Quality Account

2018-19

Contents

About this report

This report provides information about the quality of care we deliver at Austin Health. The information and data in this report comply with the guidelines and obligations prescribed by Safer Care Victoria.

All figures relate to the period 1 July 2018 to 30 June 2019, unless otherwise specified.

Austin Health is a metropolitan health service established under the section 181 of the Health Services Act 1988 (Vic).

ABN: 96 237 388 063

ISSN: 2208-5580

This report is available online at austin.org.au

One of the things we're most proud of at Austin Health is the lengths our staff will go to provide our patients with high-quality and compassionate care.

Presenting Austin Health's Quality Account 2018–19

We're delighted to present Austin Health's Quality Account which reports on activities for the 2018–19 financial year.

One of the things we're most proud of at Austin Health is the lengths our staff will go to provide our patients with high-quality and compassionate care.

This is demonstrated by the results of the Victorian Healthcare Experience Survey, where 95 per cent of patients rated their overall care experience at Austin Health as "good" or "very good", and 98 per cent rated the care and treatment they received as "good" or "very good".

In November, we achieved accreditation across all 10 of the National Safety and Quality Health Service Standards as well as the National Mental Health Standards. While it may appear effortless, this doesn't occur without a great deal of effort. Our staff very ably demonstrated through the process how focused we are on providing safe, quality and reliable care.

Through a concerted effort this year we achieved significant reductions in falls and pressure injuries. Several key initiatives focused on education, collaboration and leadership have enabled us to reduce the number of falls by 9.3 per cent and the number of pressure injuries by 11.8 per cent. This is a fantastic outcome and we applaud the staff involved for what they've achieved.

Our researchers continue to be at the forefront of innovation, helping to advance medical care and patient outcomes. We're leading or have recently published research in the areas of paracetamol overdose, epilepsy, dementia and cancer.

Several people have also been acknowledged for their contribution to medicine and the health sector, including Professor Rinaldo Bellomo, Professor Lindsay Grayson, Associate Professor Michael Murray and volunteer Mary McLure.

We'd like to thank our 9,500 staff and volunteers for their passion, dedication and support, and our community representatives whose contribution is invaluable to our health service. We'd also like to thank staff and our Community Advisory Council for their involvement in developing this report.

Sue Shilbury
Chief Executive Officer

Dr Mark Lubliner
Chief Medical Officer

Consumer, carer and community participation

Facilitating and improving participation

Consumer representatives are an important part of our organisation, providing input into our services and programs to ensure that we're considering and meeting the needs of consumers.

Consumers sit on various councils and forums and are also brought in as required to provide a consumer perspective on key programs of work.

To strengthen our support program for our consumer representatives, we introduced a comprehensive orientation and mentoring program which is delivered by staff, volunteers and experienced consumer representatives. We also partnered with the Health Issues Centre to provide our representatives with access to training and support.

We released our first *Partnering with Consumers Plan 2018-22* which provides a framework and roadmap for improving participation across our organisation. Developed in consultation with consumers, the plan aims to provide patients with greater control over their care by creating more opportunities to engage and actively contribute to our health service.

The plan has five key focus areas:

- person-centred services, care and outcomes
- teams, partnerships, knowledge transfer and shared learning
- equity, diversity and responsiveness
- participation and shared decision making
- health literacy, information and communication.

Feedback and patient experience

Feedback about the consumer experience is critical to informing us about what we do well and where we can improve. We collect feedback through two key mechanisms: our internal Patient Experience Survey, and the Victorian Health Experience Survey (VHES).

Actions taken to respond to consumer feedback

We engaged with consumers to identify three key areas for improvement.

You said	We did
Improve the quality of patient meals	Conducted an internal review of the patient meal menu, removed unpopular items and made improvements to menu choices.
Improve the process for booking appointments and arranging follow-up tests	We changed our booking system so that it's easier for patients to get information about their tests and for other areas in the hospital to co-ordinate follow-up appointments.
There's a mismatch between the information provided from nursing and medical staff	We increased the frequency of multidisciplinary meetings with medical staff from once to twice a week. We're currently trialling digital patient flow journey boards on two wards. Large digital displays will integrate electronic medical record data, giving multidisciplinary clinical staff access to real-time information about each patient to enhance planning, communication and the co-ordination of care.

New approaches to patient care

Our Patient Experience Survey gathers feedback from patients that staff can access in real time to drive immediate quality improvements.

This year, we collected a record number of surveys (2,320, which is up 63 per cent). Patients who completed the surveys reported an overall care satisfaction score of 86 per cent (up 2 per cent). When asked if they would refer their friends or families to our services, 65 per cent of patients said "yes" (which is down 3 per cent).

We're in the process of analysing these results so we can identify opportunities to improve our performance.

Other key results are:

98%
of patients believe they're treated with dignity and respect (up 1 per cent)

82%
of patients believe staff listen and communicate well (down 8 per cent)

81%
of patients believe they're involved in decisions about their care as much as they want to be (down 5 per cent).

CONTROLLING SUPERBUGS ACROSS HOSPITALS USING GENOMICS

The first of its kind worldwide, the Melbourne Genomics, Controlling Superbugs study tracked the location and transmission of antibiotic-resistant bacteria (superbugs) in real-time, across multiple hospitals, using DNA sequencing (genomics).

The study looked at whole genome sequencing of all target superbugs from hospital inpatients at eight sites across four networks – Austin Health, Monash Health, Melbourne Health and Peter MacCallum Cancer Centre. We targeted six common superbugs: vanA vancomycin-resistant *Enterococcus* (VRE), methicillin-resistant *Staphylococcus aureus* (MRSA), ESBL *E. coli* and *Klebsiella pneumoniae* and multidrug-resistant *Pseudomonas* and *Acinetobacter*.

Target superbugs were identified by the hospital laboratory, then sent to a high-throughput sequencing laboratory (MDU). Sequence data were analysed by a team of clinicians and bioinformaticians, then integrated with clinical data and presented to hospitals, allowing sites to tailor infection control interventions to prevent further transmission.

Our world-first study established the local burden of superbugs, accurately pinpointed where and when transmission likely occurred, and showed that genomics improves infection control. We found:

- ESBL *E. coli* and MRSA are most common, with more MRSA than previously thought
- 126 in every 10,000 patients admitted to hospital for one week will be affected by a superbug
- up to 630 in 10,000 patients affected are admitted to high-risk wards (ICU, haematology/oncology or transplant wards)
- up to 78 per cent of vanA VRE, 31 per cent ESBL *E. coli*, 23% ESBL *K. pneumoniae* and 22 per cent MRSA are transmitted in hospitals
- in 23 per cent of cases, transmissions occurred in previous admissions or previous wards (undetectable without genomics)
- 25 per cent of wards with superbug transmissions were subacute, and not traditionally screened.

These findings resulted in changes in hospital infection control practices thanks to the sharing of genomic data between hospitals, which enabled comparisons between sites.

A key innovation of our study has been the interactive and considered way results were presented to clinicians who are unfamiliar with superbug genomics. Our world-leading approach to education, results sharing and reporting – tailored and continually improved – encouraged clinicians to take ownership of results and apply these in their daily infection control work.

Data relating to the presence and transmission of superbugs in hospitals is potentially sensitive. It is a credit to the infection control and leadership teams at all participating sites that they were able to agree early on to share the outcomes of testing – the first time this level of transparency has been seen in non-government mandated testing.

To date, our data has contributed to Department of Health and Human Services (DHHS) plans for future superbug surveillance and management. We've also established a library of genomic data for further research into new drugs and diagnostic tests.

Superbugs are an escalating global problem: by 2050, an estimated 10 million lives a year will be at risk, with economic costs reaching $100 trillion.

–The Review on Antimicrobial Resistance, 2014

Victorian Healthcare Experience Survey

The VHES is a statewide survey of people's healthcare experiences. The survey is conducted by an independent agency and asks adult and paediatric patients and carers to provide feedback on their experience as an inpatient or an attendee of our Emergency Department.

This year:

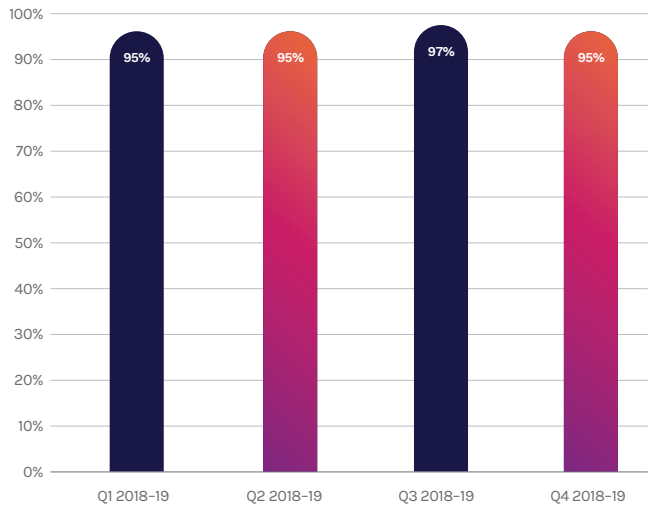
- 95 per cent of patients rated their overall care experience "good" or "very good" (no change)
- 98 per cent of patients rated the care and treatment they received as "good" or "very good" (no change)
- 96 per cent of patients felt their care and treatment was "always" explained in a way they could understand (up 1 per cent).

This year

95%

of patients rated their overall care experience "good" or "very good"

Our VHES overall care score



Interpreter services

Our patients come from a wide range of cultural and linguistic backgrounds.

To support this diversity, our interpreters speak one or more of the top 12 languages (other than English) spoken by our patients. These are Greek, Mandarin, Arabic, Italian, Macedonian, Vietnamese, Cantonese, Turkish, Persian, Bosnian, Croatian and Serbian.

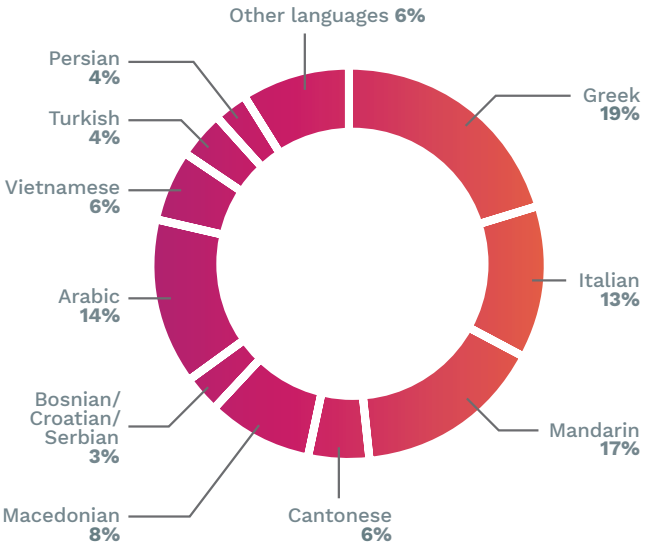
This year we received more than 28,800 requests for an interpreter (up 16 per cent on last year). Most requests were provided in person (91 per cent), with the remainder provided over the phone. Approximately 90 per cent of interpreter requests come from our specialist clinics and other outpatient services.

We regularly monitor languages spoken by our patients to ensure that appropriately qualified and experienced interpreters are readily available to assist in facilitating communication.

We provided training to clinicians to build their understanding of how culture can impact a patient's understanding and language, as well as how to work effectively with an interpreter.

We also liaised with various committees to help us meet the needs of our linguistically diverse consumers, such as the Victorian Health Diversity Network.

Onsite languages



We regularly monitor languages spoken by our patients to ensure that appropriately qualified and experienced interpreters are readily available to assist in facilitating communication.

Improving care for Aboriginal and Torres Strait Islander patients

We aim to provide a culturally safe and welcoming environment for Aboriginal and Torres Strait Islander staff, patients and their families.

Our Ngarra Jarra Aboriginal Health Program provides ongoing dedicated and culturally appropriate support to Aboriginal patients, as well as guidance to our staff. In addition, our Closing the Gap Committee oversees the planning and implementation of programs that promote greater parity in Aboriginal health outcomes.

A highlight this year was the launch of our first Reconciliation Action Plan (RAP). The RAP provides a framework for increasing the cultural safety of our services and improving access and equity. Key activities that we'll focus on over the next 12 months include:

- increasing Aboriginal employment and internship opportunities
- increasing cultural safety and awareness among staff
- developing a welcoming environment, demonstrating respect to Aboriginal and Torres Strait Islander Peoples and observing cultural protocols
- reviewing Ngarra Jarra resources and facilities to enhance delivery of culturally appropriate care.

Several other key activities were undertaken this year to further our work in this area:

- through a Cancer Services Aboriginal Cultural Safety Grant, we installed Aboriginal and Torres Strait Islander flags outside our ONJ Centre and developed tailored cancer resources for Aboriginal patients
- to further promote cultural identity, connection and pride, we implemented a project to improve identification rates of Aboriginal patients which has resulted in a 25 per cent decrease in the incidence of staff recording "question unable to be asked for inpatients"
- we provided a clinical placement for one Aboriginal health student through the Victorian Aboriginal Community Controlled Health Organisation
- we promoted our cultural awareness online training module to staff, which resulted in a 202 per cent increase in completion rates (3,667 staff completed the module this year)
- we aimed to make our Emergency Department a safer environment by encouraging staff to wear Aboriginal and Torres Strait Islander flag pins and displaying cultural material around the department.

During the year we saw a 15 per cent increase in presentations of Aboriginal patients to our Emergency Department, and a 21 per cent increase in Aboriginal outpatient encounters. This may be attributed to improved perceptions of cultural safety, which is supported by results of our Patient Experience Survey, which saw a 3 per cent increase in the number of Aboriginal patients reporting that "staff always treated them in a culturally safe way".

Aboriginal patient data

Inpatient encounters	Outpatient encounters	Total emergency presentations

Disability Action Plan 2015-20

We continue to deliver our *Disability Action Plan 2015-20* which was co-designed with consumers and staff.

The number of patients who were eligible for the National Disability Insurance Scheme (NDIS) has again increased this year. To help make it easier to navigate the NDIS, a multidisciplinary team developed systems and processes to support patients who are applying for the scheme.

We're investing in ways to improve access and safety for patients. We installed ceiling hoists in our Spinal Unit and created a wheelchair-only car park at the Austin Hospital.

Our wheelchair skills course at Royal Talbot was also opened this year. The course will help patients prepare for life outside of hospital, where they'll have to negotiate a range of obstacles, such as slopes, steps, stones, uneven paths, curbs, gates and cobblestones.

We're currently in the process of developing a Diversity and Inclusion Plan which will absorb the activities formed in our Disability Action Plan. The Diversity and Inclusion Plan will be completed in early 2020.

LGBTIQ+ care

Austin Health is part of a new initiative that provides trans and gender diverse patients with access to healthcare in a safe and supportive environment.

Minister for Health, The Hon. Jenny Mikakos, opened two multidisciplinary transgender health services at Your Community Health in Preston and Ballarat Community Health. The centres will provide primary care and gender affirmation services, including GP services, sexual health, speech therapy and counselling.

Austin Health is a partner to Your Community Health and will manage referrals in areas such as endocrinology, mental health, and consultations for breast and ear, nose and throat surgery.

Our staff will participate in a state-wide training program which is being co-designed and delivered with trans and gender diverse people.

Having seen a 10-fold increase in the demand for trans and gender diverse services, Austin Health was instrumental in raising awareness of the importance of dedicated services to meet the needs of these patients.

Austin Health is part of a new initiative that provides trans and gender diverse patients with access to healthcare in a safe and supportive environment.

Quality and safety

Quality and safety feedback

Collecting feedback from patients and consumers about our services is an important component of our approach to continuous improvement.

We collect feedback about our services and care through:

- formal complaints – written or verbal
- written feedback on a "My Say" form
- consumer-led walkarounds
- ward-based quality reviews conducted by consumer representatives
- patient experience surveys (see page 7 for more details)
- VHES (see page 10 for more details)
- local area surveys
- an online suggestion box on our website
- consumer representatives on committees
- Austin Health's social media channels.

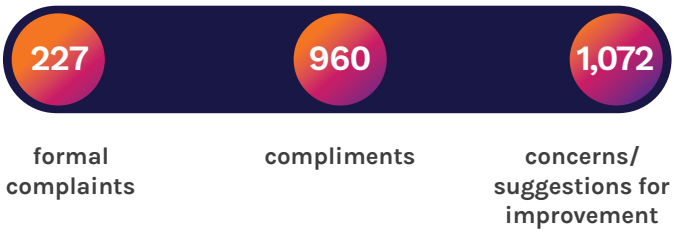
Actions taken to respond to consumer feedback

Complaints

Complaints can be lodged in person at the Centre for Patient Experience (in the foyer of the Austin Hospital) and via telephone, email or our website.

We value all feedback about the consumer experience (what we do well and what we can improve) and we ensure that all complaints are efficiently and effectively managed by the most appropriate person.

This year we received:



We also completed a comprehensive review of our processes to identify opportunities to improve our approach to managing complaints. Early next financial year we'll introduce a new centralised feedback management system to improve governance and streamline our processes.

Members of the Austin Health community are encouraged to engage with our organisation by becoming consumer representatives who provide valuable input into the way we deliver care by:

- participating in committees
- working on projects
- providing feedback on patient information
- collecting feedback from consumers
- coaching our staff.

Through engagement with consumer representatives we identified three key areas for improvement:

You said	We did
Improve the process for co-ordinating patients with complex care needs	We reviewed our booking processes and made changes to improve communication about patients who access multiple medical units.
The admission process does not allow my partner's details to be fully included	We educated staff about correct language when recording next of kin as either "spouse", "domestic partner" or "contact person".
The complaints process isn't clear and I'm not sure what to do if I'm concerned	We improved our complaints management process and introduced a consumer brochure that clearly outlines the process for making a complaint and how complaints will be managed.

We reviewed our booking processes and made changes to improve communication about patients who access multiple medical units.

PARACETAMOL OVERDOSE STUDY REVEALS BETTER TREATMENT OPTIONS

One of our most commonly used medications – paracetamol – is also the world's most common drug that causes overdose. Untreated, paracetamol overdose can lead to acute liver failure and even death.

This year, a study at Austin Health in partnership with Monash Health looked at ways to treat paracetamol overdose within a shorter 12-hour treatment window (compared to the standard 20 hours) and simplify the current complex treatment plan, as well as reduce the adverse effects associated with the antidote.

According to the Victorian Poisons Information Centre, paracetamol overdose was the most frequent reason for calls in 2018; there are around 10,000 hospital presentations for paracetamol overdose across Australia each year.

Adverse effects to the current antidote – ranging from nausea to collapse – can be severe and lead to treatment being interrupted, worsening the risk of developing liver failure. The standard protocol is also complex and prone to error.

A simplified dosing regimen — the two-bag intravenous *acetylcysteine* rather than the traditional three-bag regimen — has resulted in shorter hospital stays and improved patient experience, safety and outcomes.

Professor Anselm Wong, who led the study at Austin Health, said : "A two-bag *acetylcysteine* regimen was well tolerated and resulted in significantly fewer and milder reactions compared with the standard three-bag regimen. This was achieved by spreading the loading over a few hours rather than being administered all in the first hour.

"We also made it simpler for clinicians to chart and decrease the number of infusion changes per patient, reducing the risk of error," Professor Wong concluded.

Patient outcomes were further improved as they didn't require additional treatments to manage adverse reactions. Considering many paracetamol overdoses are deliberate, this vulnerable group of patients were able to receive treatment and be moved out of hospital and receive mental health treatment more quickly.

The study has been rapidly translated into clinical practice with changes being adopted Australia-wide and increasingly internationally, including the USA, Canada, New Zealand, Thailand, South Africa, Hong Kong, Netherlands, Denmark and Sweden.

This will ultimately benefit patients by tailoring treatment to their individual needs, shorten treatment times and decrease deaths associated with overdose of a very common drug.

The results are groundbreaking and have translated into a change in clinical practices that have been in place for 40 years.

Infection control

Prevention and control of healthcare-associated infections is a priority to ensure the safety and quality of our service. We maintained our high standards in infection prevention and control, and national leadership in associated activities such as hand hygiene.

Accreditation

Austin Health was surveyed under the National Safety and Quality Health Service Standards in October. We achieved excellent results for "National Standard 3: Preventing and Controlling Healthcare-Associated Infections", receiving five "Met with Merit" ratings.

Staphylococcus aureus bacteraemia (SAB)

Rates of Austin Health-associated *Staphylococcus aureus bacteraemia* (AuSAB) declined over the year **(see figure 1)**.

The overall rate of AuSAB remained at 1.0 per 10,000 occupied bed days. This is in line with the state-wide target set by the DHHS, and below the national benchmark of 2 per 10,000 occupied day beds. Our goal is zero infections, which we aim to achieve through standardised and consistent practice in inserting and caring for peripheral and central intravenous lines.

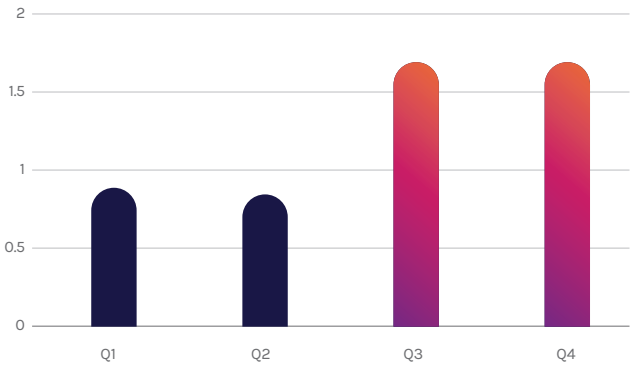
Several AuSAB cases were derived from a cluster of infections following cardiac surgery for quarter three (1 January to 31 March 2019). A detailed joint investigation led by the Cardiac Surgery Department, operating room services and Infection Control identified areas for improvement. Changes were made and we have had no further reportable cardiac surgery infections for quarter four (1 April to 30 June 2019).

Central line-associated bloodstream infections

Central line-associated bloodstream infections (CLABSIs) in the Intensive Care Unit are monitored and jointly reviewed by Infection Control and ICU. There were 1-2 CLABSIs reported for each quarter from July 2018 to June 2019 **(see figure 2)**.

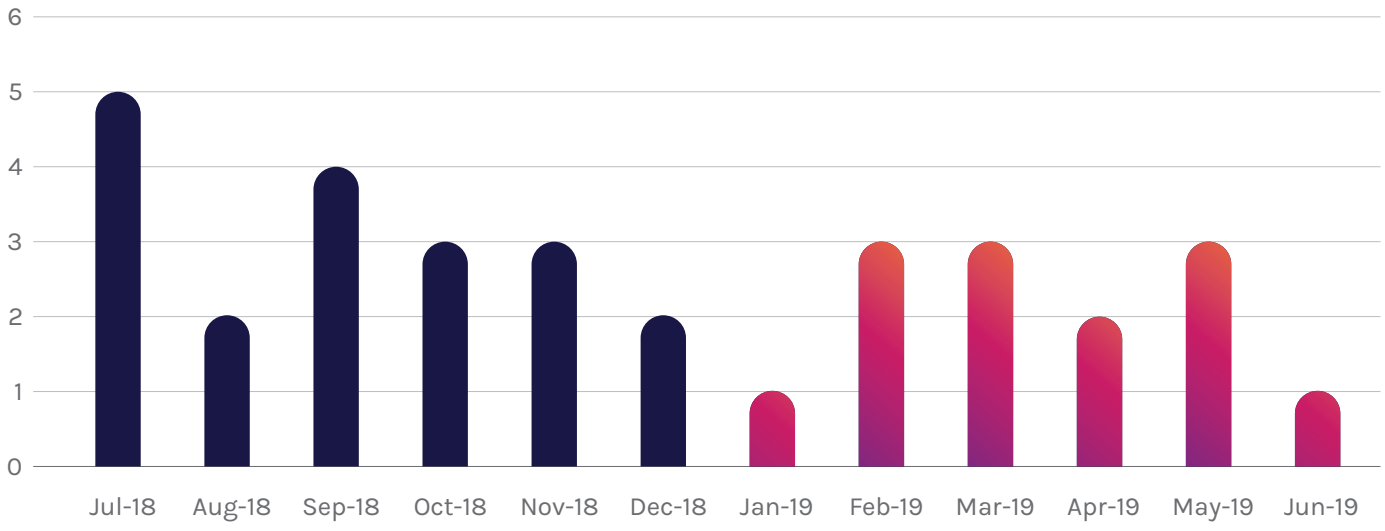
While this was above the state target of zero CLABSI, our rates have remained consistent over the past five years. Our aim is to continue to reduce rates of CLABSI through the development of a standardised organisation-wide approach to the training, accreditation, insertion and maintenance of central venous lines at Austin Health.

Figure 2: Rates of central line-associated bloodstream infections (CLABSIs) – standardised to rate per 1,000 central line days



** projected rate (not validated)*

Figure 1: Numbers of Austin Health-associated *Staphylococcus aureus bacteraemia* (AuSAB)



Staff influenza vaccination

Every year we offer influenza vaccination to protect both staff and patients against the flu. We continue to promote free flu vaccinations to staff, which has seen improvements in awareness and uptake. Our immunisation rates have steadily increased over the past five years. This year, 86 per cent of staff were vaccinated, which is above the DHHS target of 84 per cent **(see figure 3)**.

Hand hygiene

Austin Health has been home to Hand Hygiene Australia since its inception in 2008. The national initiative is based on the World Health Organization's (WHO) World Alliance for Patient Safety campaign.

This year, we maintained staff hand hygiene rates of greater than 85 per cent, with most clinical areas of our health service at or above the national benchmark of 80 per cent **(see figure 4)**. Those areas below the target have focused on improvement.

Control of antimicrobial resistance

Increasing numbers of antimicrobial-resistant infections have been recognised globally as a threat to human health by WHO.

We continue to conduct cross-sectional surveillance of multidrug-resistant organisms (MDROs), which is bacteria that's resistant to almost all available antibiotics. We also undertake longitudinal surveillance of high-risk clinical areas to identify the spread of resistant bacteria between patients and guide the prescription of antibiotics to individual patients.

One key MDRO is vancomycin–resistant *Enterococcus* (VRE). After the emergence of VRE at Austin Health in the 1990s, numbers steadily increased year on year. In 2009, up to 19 per cent of inpatients were found to carry VRE. Over the past few years, VRE rates have fallen significantly and now equate to 7.6 per cent of inpatients – the lowest level since cross-sectional surveillance commenced. This has been achieved through both sustained and renewed efforts in containment and cleaning **(see figure 5)**. A new initiative introduced this year is the use of genome sequencing. This has assisted in the early detection and investigation of outbreaks of MDROs and enabled us to focus our infection control efforts.

Medicines Optimisation Service

Using medicines wisely and safely is a high priority when it comes to patient care at Austin Health. Our Medicines Optimisation Service, the first of its kind in Australia, has been developing programs to facilitate equity of access, safety and better patient outcomes by improving the way we use medicines in our hospitals.

The Medicines Optimisation Service has a team of passionate pharmacists and doctors. Some of their projects include:

- promoting organisation-wide collaboration about the appropriate use of opioids through Austin Health's first Opioid Roundtable discussion. Priority projects currently in progress include: improving how pain medicines are prescribed after surgery by looking at patterns in electronic medication data and providing specific, targeted feedback to doctors; and improving patient education about how to safely take or dispose of opioid medicines
- launching an education campaign with Choosing Wisely to raise awareness of when it may be appropriate to reduce or stop unnecessary reflux medicines called proton-pump inhibitors (PPIs). Electronic prescribing orders were produced to streamline hospital doctor workflow for reducing PPI doses, which have significantly improved the communication of changed PPI doses on discharge summaries sent to GPs. There is ongoing work to help doctors to safely reduce the number of unnecessary medicines taken by older patients who are at risk of medicine-induced delirium or falls
- reviewing processes to safely recycle certain medicines on hospital wards to minimise the burden of national drug shortages on patients
- optimising cold chain (fridge) storage processes for temperature-sensitive medicines to ensure its effectiveness
- facilitating the understanding and safe use of biosimilars (regulatory body-approved versions of original biologic medicines) in keeping with global best practice
- assessing and rationalising the use of medicines for off-label indications
- engaging with government to help develop evidence-based policy surrounding drug safety.

A key component of this has been the incorporation of data science, including the utilisation of big data analytics and machine learning algorithms to help direct and support clinical initiatives.

Our Medicines Optimisation Service, the first of its kind in Australia, has been developing programs to facilitate equity of access, safety and better patient outcomes by improving the way we use medicines in hospitals.

Figure 3: Proportion of staff vaccinated for influenza by calendar year

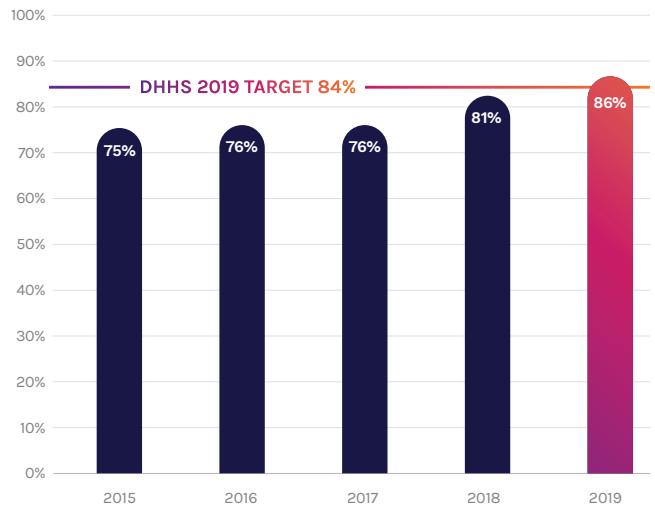
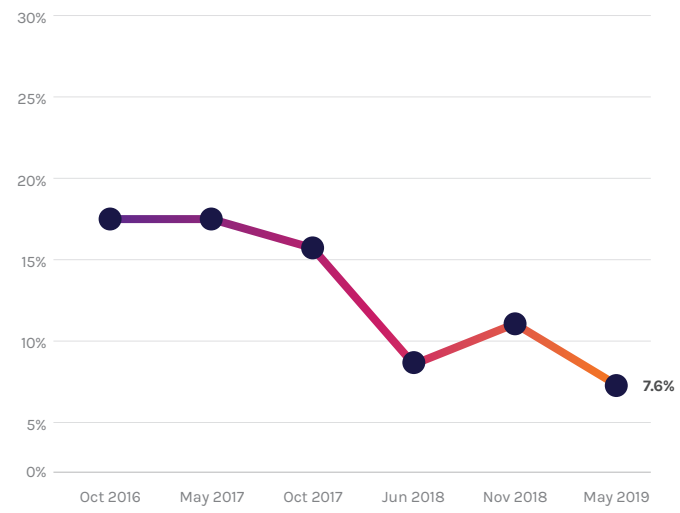
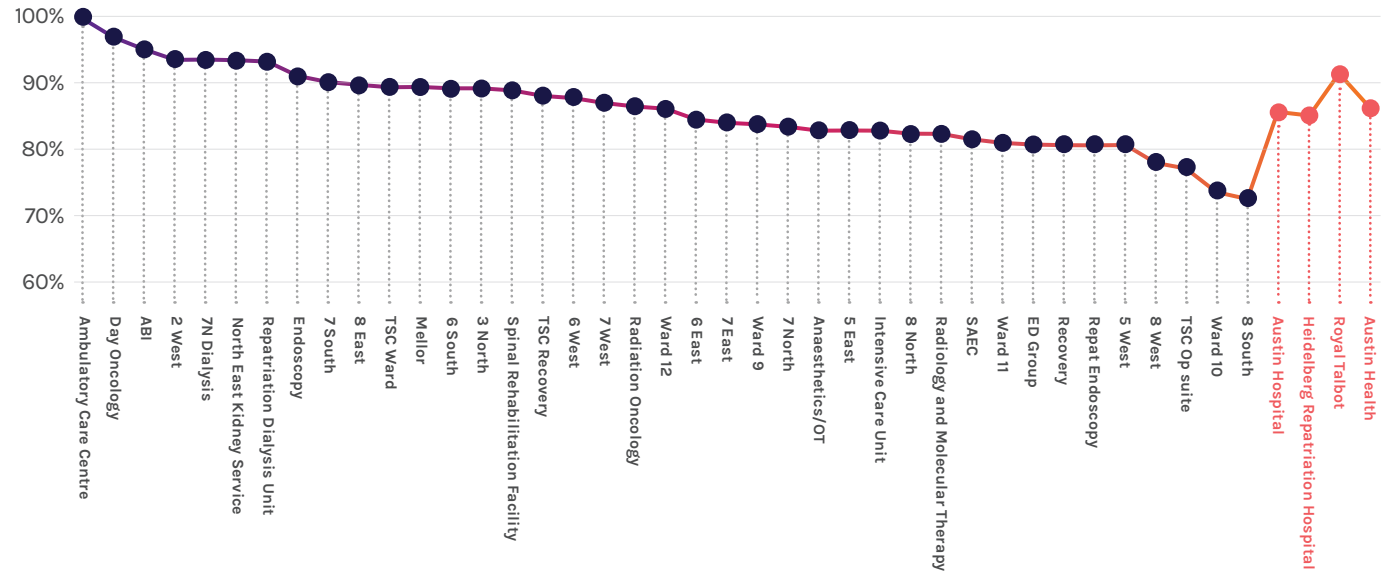


Figure 5: Prevalence of VRE in inpatients



This graph is based on our Point Prevelance Survey which is conducted twice yearly.

Figure 4: Hand hygiene compliance by clinical area



Data reflects the National Hand Hygiene Initiative audit period 1 (1 November 2018 – 31 March 2019)

Falls injuries

Reducing the number of falls and falls with harm remain a priority for Austin Health.

We've implemented several strategies to help reduce the number of falls and falls with harm across our health service.

- We commenced a Sub-acute Falls Prevention Project which has reviewed our falls with harm and identified common themes. This information has been shared with our point-of-care staff who are helping design and test improvement strategies. The project team is also working with patients and families to understand how we can enable them to play a more active role in the prevention of falls.
- Our Falls Committee is currently reviewing our Falls Risk Assessment Tool to help us better identify patients who are at risk of falls so that we can adopt appropriate measures to prevent them from occurring.
- We've reinstated our network of Falls Champions who advocate and implement best practice falls reduction strategies in their respective wards in collaboration with the nursing team.
- We've engaged with Safer Care Victoria and consumers as part of an expert working group to look at the efficacy of bed rails across Victorian health services.

We've seen positive results this year, with a 9.3 per cent reduction in the total number of falls across our health service. Our Continuing Care Division achieved the greatest reduction in falls and falls with harm of 20.5 per cent.

We compare our performance with our peers using Health Roundtable data.*

For total falls, we are within the interquartile range with consistent performance over time. For falls with harm (those resulting in a fracture or intracranial injury), our average rate for each quarter over the 2018 calendar year was 6.4 episodes per 10,000 bed days. We've been closely monitoring our performance and the latest data (January to March 2019) shows a significant improvement with a rate of 2.6 episodes per 10,000 bed days.

** Health Roundtable data is available by calendar year.*

Pressure injuries

We've seen a consistent reduction in the number of pressure injuries over the past few years. In 2017–18, we achieved a 13.3 per cent decrease in pressure injuries, and this year we achieved a further decrease of 11.8 per cent. The area with the greatest reduction in pressure injuries this year was the Cancer and Neurosciences Division at 36 per cent.

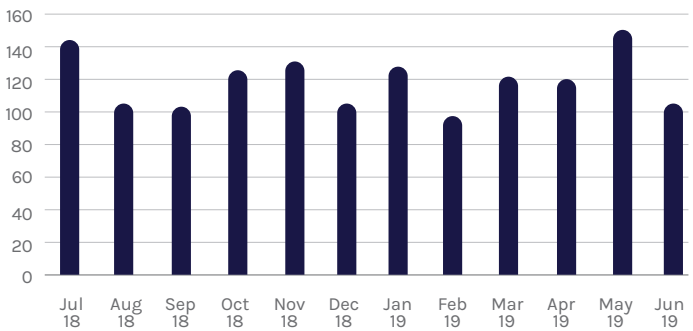
Health Roundtable data (proportion of pressure injuries), which compares performance with our peers, is favourable with Austin Health ranked the fourth lowest. However, we compare less favourably against our peers for unspecified pressure injuries (those injuries where the staging is not recorded in the clinical documentation).

The downward trend in pressure injuries over the past few years is largely attributable to:

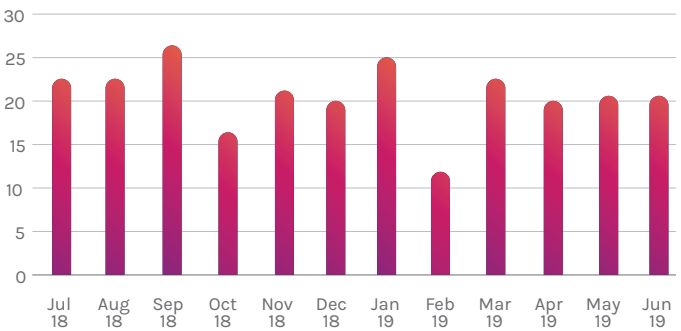
- the appointment of a Wound Clinical Nurse Consultant, whose role is to provide a consistent approach to wound management and pressure injuries across the organisation
- the introduction of Wound Resource Education Nurses (WRENs) who advocate for, and implement, best practice wound management and facilitate audits and quality improvement activities in their local areas. These are point-of-care nurses with specific education and support, and every ward has at least two WRENs.

To help reduce the incidence of unspecified pressure injuries, we've implemented a number of initiatives to educate staff on the importance of capturing this information and to keep the requirement front of mind. These include a new Pressure Injury Staging education module which has been deployed across five key areas and will be rolled out organisation-wide in September 2019. Nurses have also been issued with pressure injury lanyards to act as a reminder of the requirement to document this information.

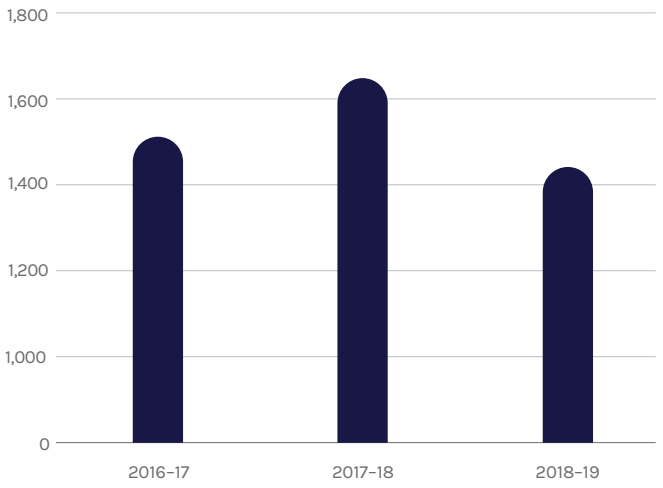
Falls injuries by month



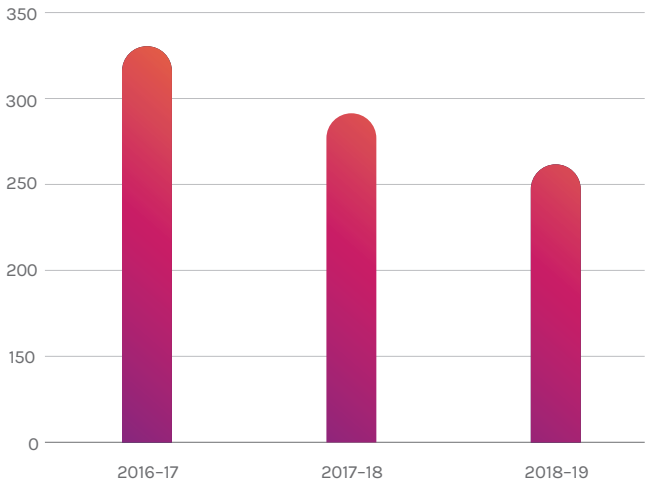
Pressure injuries by month



Falls injuries by year



Pressure injuries by year



Blood products

Our patients may receive a variety of blood products during their care. These include red cells, platelets, fresh frozen plasma and cryoprecipitate.

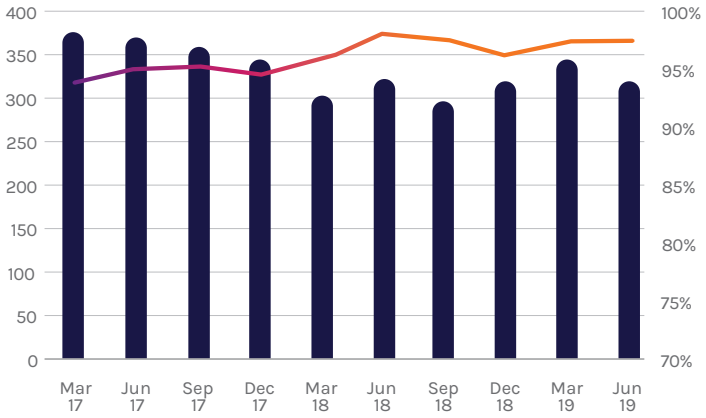
It's important that all patients requiring a transfusion have an opportunity to discuss their procedure with a doctor. All patients receiving a transfusion must also provide written consent on the Blood Transfusion form. This is a legal requirement, and is designed to ensure patients:

- know the reason for the transfusion
- understand the type of transfusion being given
- know the risks associated with the blood transfusion
- are aware of any alternatives to the treatment
- have an opportunity to ask questions.

An interpreter must be used if required and the form must be signed by both the patient and the doctor.

We perform regular audits to ensure our patients have signed the consent form. We're involving patients in their care, so that they better understand why they may need a blood transfusion. Over the past year, this has resulted in continued high consent audit results for blood transfusions.

Total consent for blood transfusion and valid consent %



Safe and appropriate surgery

We're committed to providing all our patients with safe surgical care. All surgery carries some risk and the majority of surgery-related deaths are not preventable despite the most stringent precautions.

We participate in the Victorian Audit of Surgical Mortality (VASM), which is a review of all deaths of surgical patients in Australia. Every year, we receive a report that summarises our performance and compares it with other state and national health services. Monitoring Austin Health's performance via the VASM report is one way we actively manage and improve patient safety.

Our Surgical Audit Review Committee (SARC) meets monthly to review any death that occurs in one of our surgical units. This year, there were approximately 37,000 hospital admissions to our surgical units and SARC reviewed 88 deaths. This represents a 0.23 per cent surgical mortality rate, which is in line with the Victorian average reported by VASM.

The majority of these deaths occurred in elderly patients (more than 75 years old) who had underlying health problems or were admitted through emergency with acute life-threatening conditions.

Providing surgery within the clinically recommended time

We continue to see a significant uplift in the volume of patients requiring emergency surgery. In 2017–18 we experienced a staggering 24 per cent growth in demand; and last year we experienced growth of a further 12 per cent.

We've undertaken a number of activities to ensure we provide surgery to emergency and elective patients within the clinically recommended time.

To cater for the significant increase in emergency demand we reduced the number of elective surgeries performed. This is reflected in the number of cancellations this year (912 compared to 884 last year).

We've also designed a Theatre Optimisation Program which will direct activities over the next 12 months to further improve emergency planning and theatre access for all patients.

We've undertaken a number of activities to ensure that we provide surgery to emergency and elective patients within the clinically recommended time.

Mental health

Like other public hospitals, we've seen a significant increase in consumer demand for mental health treatment services.

We established the Psychiatric Assessment and Planning Unit in 2016 to offer consumers an alternative to acute inpatient admission. The unit, which provides brief interventions to consumers who may not have met criteria for an acute inpatient admission, has increased our capacity to provide mental health services to the community.

We've seen several major reviews of mental health services across Victoria, including the Victorian Auditor-General's Office's (VAGO) review of Child and Youth Mental Health Services (CYMHS). Austin Health's CYMHS was one of five services involved in this review, with a number of key recommendations made regarding service system improvements. There has also been significant focus on the Royal Commission into Victoria's Mental Health System which Austin Health made a submission to, highlighting the current service's system gaps and the need for a strategic way forward. We look forward to the outcomes of the Commission in late 2019.

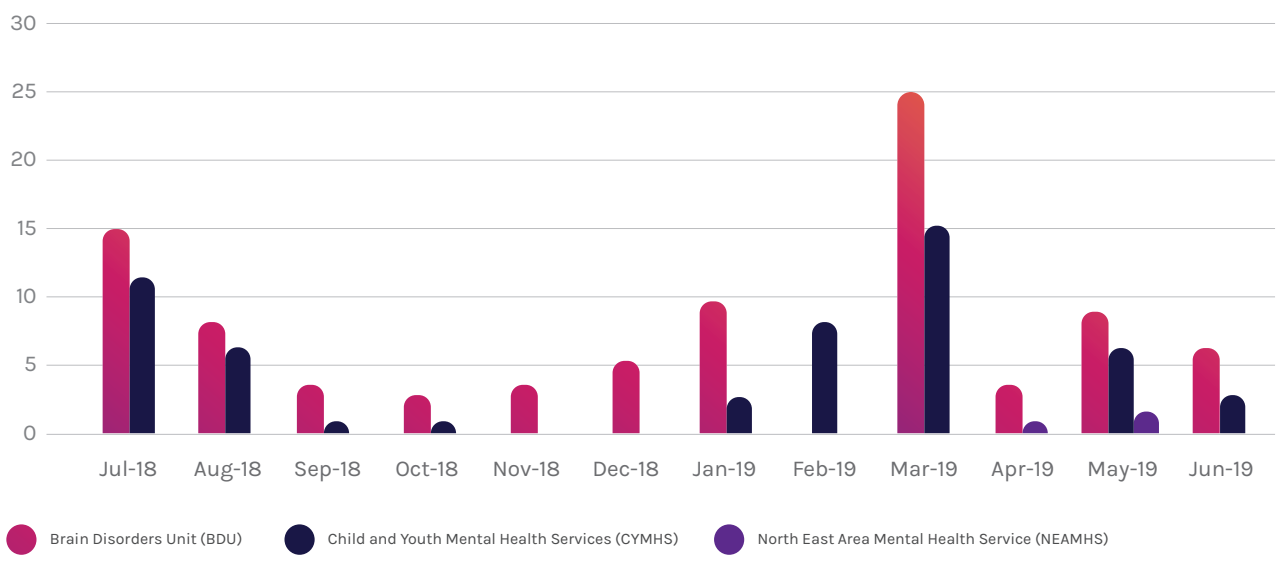
Consistent with the objectives of the *Victorian Mental Health Act 2014*, we support the right of consumers to receive treatment in the least restrictive environment possible across all age and gender groups.

This is underpinned and supported by the governance and clinical structures of our services and a number of procedures and guidelines which guide the activity of clinicians.

KPI data related to restrictive interventions, such as the incidents of seclusion and bodily restraint, is monitored monthly via Mental Health Leadership meetings as well as within each program area. Seclusion and restraint data are also reviewed monthly at the executive level, as part of the broader dataset pertaining to Austin Health's Statement of Priorities as set out by DHHS.

The Mental Health Department's Creating Safety Group monitors the use of restraint and has overseen significant reductions in all inpatient units, including the CYMHS. When reviewed against all metropolitan hospitals, Austin Health has consistently recorded some of the lowest seclusion rates in acute inpatient units across the state. We've achieved significant improvements and this year recorded 1.5 seclusions per 1,000 bed days (compared with 7.5 seclusions per 1,000 bed days last year). There has been an ongoing emphasis on reducing restrictive interventions for several years, and the Acute Psychiatric Unit has now been able to decommission a seclusion room and change this space into a sensory room for adult consumers of our mental health services.

Seclusions across Austin Health's mental health sites



Escalation of care

To measure the efficacy of our Patient and Carer Escalation (PACE) service, we surveyed people who used the service to help identify opportunities for improvement. This year we introduced a new step in the process that requires the manager of the treating staff to be notified for when a PACE call is made. The manager will then follow this up to ensure the response was satisfactory.

Our PACE Policy has been updated to reflect this new requirement. The step is also recorded in the RiskMan Report to enable us to monitor compliance. This year, there were 23 PACE calls and all were followed up appropriately.

Family violence

Family violence is the leading contributor to preventable death, disability and illness in Victorian women aged 15 to 44 years.

We're one of several health services participating in DHHS's initiative "Strengthening Hospital Responses to Family Violence" (SHRFV). The aim of the project is to give health practitioners the skills they need to both identify and sensitively and effectively respond where they believe a patient or staff member may be impacted by family violence.

Our SHRFV team has been building knowledge and capability in staff through face-to-face training. This has been delivered in collaboration with specialist clinicians to more than 1,500 people since we introduced it in March 2018. To make the training more accessible, we collaborated with the Royal Women's Hospital to develop an online module which will be released early next year.

Other activities undertaken include:

- appointing family violence support staff in key areas, including emergency, social work, mental health and the Northern Centre Against Sexual Assault
- Liana Buchanan, Principal Commissioner for Children and Young People, presenting on family violence and Child Safe Standards at our Nursing Grand Round in February
- participation in 16 days of activism to raise awareness of family violence among staff.

Accreditation

All Australian health services are surveyed under the National Safety and Quality Health Service Standards (administered by the Australian Commission on Quality and Safety in Health Care), which includes acute care, sub-acute care and mental health services.

There are 10 national standards that measure quality of care in key safety areas for patients, such as falls, pressure injuries, blood products, infection control, recognition and response to deterioration, and handover. The standards also focus on clinical governance and partnering with consumers, to ensure that health services are responsive to patient, carer and consumer input and needs.

Austin Health again achieved accreditation in October 2018.

The only recommendation we received was to continue to work towards compliance with the Commission's advisories in relation to the implementation of the Australian and New Zealand Standard – AS/NZS 4187: 2014 , which is due for implementation by December 2021.

We are transitioning to the second edition of the National Safety and Quality Health Service Standards and will be resurveyed in 2021.

We're one of several health services participating in DHHS's initiative "Strengthening Hospital Responses to Family Violence".

Adverse events

Our clinical incident reporting system enables us to identify and assess the potential clinical risks of providing healthcare.

This year, there were 19 Severity Rating 1 and 128 Severity Rating 2 incidents reported and reviewed. The review process led to recommendations for the following improvement initiatives:

- enhanced focus on the multidisciplinary team approach to prevent pressure injuries
- establishing a theatre optimisation program to improve access and timeliness for both elective and emergency surgery
- improved medication storage systems.

Some errors, or adverse events, meet the criteria for reporting to Safer Care Victoria as "sentinel events" (these are infrequent serious events that require an in-depth and external review). This year, we reported 11 sentinel events (which are included in the number of Severity Rating 1 and Severity Rating 2 incidents mentioned above). Robust reviews of all events were undertaken, and recommendations implemented. We've been monitoring these recommendations in several ways, including regular reporting to the Austin Health Executive and Board.

Safer Care Victoria notes that larger health services such as Austin Health often treat more complex patients who need more advanced and higher risk treatments and therefore may report more sentinel events. However, the increase in sentinel events at Austin Health is also reflective of a positive culture of reporting and continuous improvement.

People Matter Survey

The People Matter Survey is an employee opinion survey run by the Victorian Public Sector Commission to measure engagement. The survey invites employees to express their views across a range of areas including:

- patient safety
- workplace behaviours
- work environment
- job satisfaction
- health, safety and wellbeing.

This year 1,568 Austin Health employees (22 per cent of our workforce) completed the survey.

The survey included eight patient safety questions and we performed above the comparator average for all of them.

We achieved an overall patient safety culture result of 76 per cent. While this is down 1 per cent on last year, it is 6 per cent higher than the comparative average.

We recorded improvements against the following patient safety questions:

- "I am encouraged by my colleagues to report any patient safety concerns I may have" (up 1 per cent)
- "The culture in my work area makes it easy to learn from the errors of others" (up 2 per cent).

We achieved an overall patient safety culture result of

76%

Investing in our health, safety and wellbeing

We've continued to focus on existing and new initiatives to promote the health, safety and wellbeing of our people.

Our key priorities this year have been on improving the psychological safety of our workforce, reducing exposure to occupational aggression and violence, manual handling hazards, and enhancing engagement and participation on health safety and wellbeing issues.

We improved our health, safety and wellbeing performance and trend reporting, which has significantly increased awareness and promoted preventative and corrective action across all levels of the business.

In June we became the only public hospital in Victoria with a health and safety management system certified to the international safety standard, ISO 45001. We're sector leaders in supporting the health, safety and wellbeing of our people.

This year we've seen a 6 per cent increase in the number of reported health and safety incidents at Austin Health. This has been exclusively driven by staff exposure to occupational violence. While we've established a positive culture of reporting which is resulting in more incidents recorded, we've also seen an increase in the severity of violence experienced by our staff. While we focus on internal procedures, education and training, behaviour change programs in the community (like DHHS and WorkSafe Victoria's "It's never OK" public awareness campaign) are essential to curbing this trend.

We're committed to ensuring our people are provided the very best care so that they can return to work as soon as possible following an injury. This year we safely returned most injured employees to work within an appropriate timeframe, through tailored early intervention and return-to-work strategies. This has significantly reduced our lost time claims and average claim costs (by 36 per cent and 45 per cent, respectively). We're extremely proud of our results which are better than the health industry standard in Victoria.

Occupational health and safety

	2016-17	2017-18	2018-19
Number of reported health and safety incidents per 100 FTE*	26.19	31.23	33.29
Number of lost time reported claims per 100 FTE	1.33	1.48	0.86
Average cost per claim**	$55,003	$46,403	$22,354

* FTE: full-time equivalent employees

** Average claim costs for any given year will increase as the length of time a claim remains active and matures, along with the estimate on a claim. An average claim cost for 2017-18 may grow over the years as claims initiated in that year mature.

Leading research

Our world-class research and learning activities are leading to improved clinical care, research and teaching outcomes. Our research community has enjoyed another successful year.

Associate Professor Mark Howard, a leading sleep researcher and Director of the Victorian Respiratory Support Service, co-authored a world-first study looking into heavy vehicle driver fatigue. The two-year study evaluated eye-movement tracking technology, finding that it could be used successfully to measure and predict driver fatigue. It also identified the specific shifts and working conditions likely to produce drowsiness in heavy vehicle drivers.

Dr Anselm Wong, an Emergency Department physician, published research this year demonstrating that paracetamol overdose can be treated within a shorter time with less adverse effects from the antidote drug *acetylcysteine*. Dr Wong's research has changed more than 40 years of clinical practice and was shortlisted for the 2019 Premier's Awards for Health and Medical Research. (Read the case study on page 16 for more info.)

Neurologist and neuroscientist Professor Graeme Jackson, who is based at the Austin Hospital site at the Florey Institute of Neuroscience and Mental Health, was awarded a highly competitive Stage 1 Frontiers Grant from the Medical Research Future Fund (MRFF).

Professor Jackson is leading the Precision Medicine for Epilepsy Project which aims to transform epilepsy management, reducing clinical uncertainty and leading to earlier decisions and better selection of effective treatments.

Professor Andrew Scott of Austin Health and the Olivia Newton-John Cancer Research Institute (La Trobe University School of Cancer) also received a $200,000 MRFF grant (via the Cure Brain Cancer Foundation) to work on improving prognoses for the brain cancer glioblastoma (GBM).

The Federal Government announced a new major initiative to enhance dementia research and care. The Florey Institute will manage $18 million to develop and maintain the Australian Dementia Network (ADNeT). ADNeT brings together 23 of Australia's leaders in dementia research and more than 15 universities, institutes and hospitals across Australia, and is led by Professor Christopher Rowe from Austin Health.

A number of staff were recognised for their contribution to medicine. Professor Rinaldo Bellomo AO received the BioMedVic Clinician Researcher Career Recognition Award honouring his prolific contribution to medical research. In the Queen's Birthday Honours List, Professor Lindsay Grayson and Associate Professor Michael Murray were honoured as Members (AM) of the General Division of the Order of Australia. Volunteer Mary McLure was also recognised for her contribution, receiving a Medal (OAM) of the Order of Australia in the General Division.

The Federal Government announced a new major initiative to enhance dementia research and care. The Florey Institute will manage $18 million to develop and maintain the Australia Dementia Network (ADNet).

Comprehensive care

End-of-life care

The hospital-funded CLEAR Decisions – Choosing Wisely Project undertook a gap analysis of hospital activities against the National Consensus Statement: Essential elements for safe and high-quality end-of-life care, which forms the basis for version 2 of the National Safety and Quality Health Service Standards (ASQHS).

The Goals of Care form has undergone further revision based on pilot feedback and will be rolled out by the end of 2019.

Our Aged Care Service is introducing the Care of the Dying Observation Chart to improve management of symptoms at end of life.

Our Palliative Care Service (PCS) is involved in several working groups with the Palliative Care Clinical Network and Safer Care Victoria's initiative to improve palliative care across Victoria. It also participates in a DHHS audit of pain management, which audits 20 patients quarterly. We met the 90 per cent benchmark for all measures. The PCS continues to benchmark nationally, meeting 2017–18 benchmarks for symptom management and carer support.

Two palliative care nurses in our palliative care ward developed a corneal donation program, which has seen a significant increase in the number of patients who participate. Austin Health is now the leading hospital for corneal donors in Victoria with over 80 per cent coming from this ward.

We continue to undertake projects with our community partners. A Residential Outreach Service Project with a community palliative care service has been completed, which improved referrals between both services and increased access to palliative care for those in residential care facilities. Further projects are planned with a different community service to improve the transition between hospital and home.

VHES – leaving hospital results

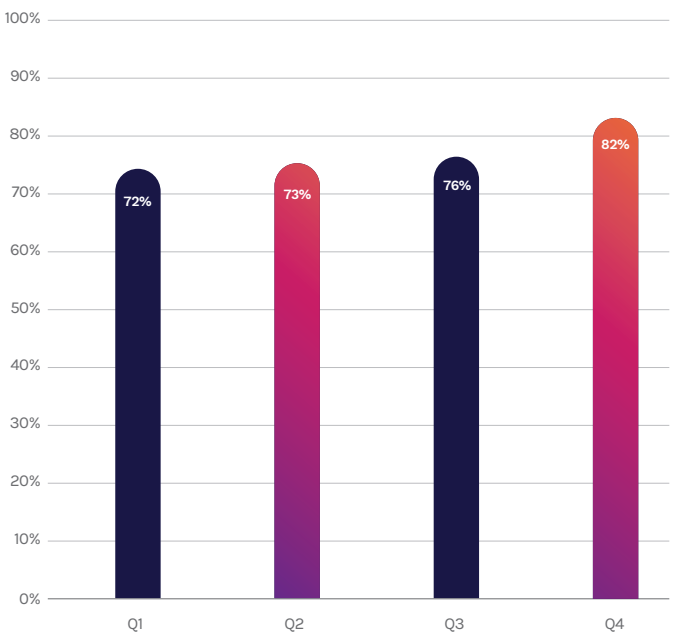
Austin Health has not consistently met the VHES Transition of Care Index target of 75 per cent.

Austin Health, however, has shown gradual improvement in its results for the survey questions: "Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?" and "Did hospital staff take your family or home situation into account when planning your discharge?"

In the past year, we improved the preparation of patients for discharge to their home, ensuring adequate supports and services were in place on discharge. We have also commenced work to improve our discharge summary provision to all patients, so they are adequately informed about their care plans.

The Austin Health Patient Experience Survey has been redeveloped to help local areas target low-scoring questions and design local area improvement activities.

VHES results



Advance Care Planning

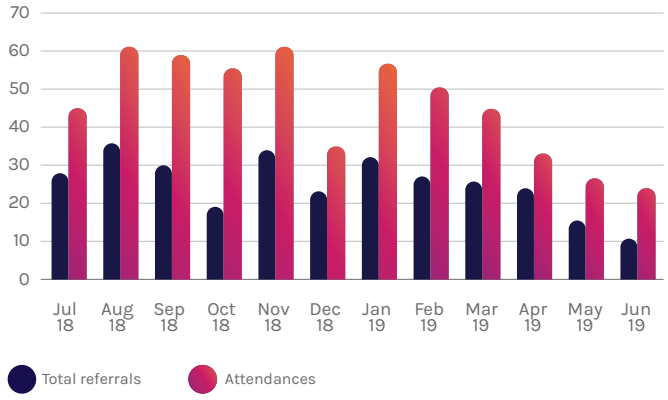
The goal of advance care planning is to provide people with choice and control over their future medical treatment, should a time arise when they are no longer able to make decisions themselves. This "lack of capacity" can arise due to progressive illness, such as dementia, cancer, or an accident.

Quality Advance Care Planning and advance care directives enable patients to appoint people to make decisions about their medical treatment, document their values and their preferences for future treatment (including consent to and refusal and withdrawal of treatment). These people are appointed as their Medical Treatment Decision Makers (MTDMs).

This year our focus has been on upskilling staff to assist patients to identify their MTDM while they have capacity to do so, and for staff to document the MTDM in the patient medical record, as well as educating patients and the boarder healthcare community.

- We displayed posters in all public areas around the hospital to help raise awareness of advance care planning.
- The theme of this year's Advance Care Planning Week was: "Who will speak for you?", which aimed to educate staff, patients and their families on how to correctly identify an MTDM.
- We delivered interactive education sessions to clerical, nursing, allied health and medical staff. More than 850 clinical staff attended 45 sessions, and 35 sessions were held with clerical and administrative staff.
- Around 2,000 staff completed the "Advance Care Planning and Consent" e-learning module.
- We held evening education sessions for 25 local GPs offering tips on doing Advance Care Planning in general practice.
- We've written to more than 20 local residential aged care facilities about Advance Care Planning education for staff, and the available documents and resources.
- Our volunteers have given more than 50 presentations to community groups such as Probus and U3A introducing the concept of Advance Care Planning to the public in the Austin Health catchment area and have reached approximately 2,000 community members per year.

Referrals to Advance Care Planning



RELIEVING THE PRESSURE

Hospital-acquired pressure injuries are a common yet avoidable occurrence, affecting up to 4,500 patients in Australia annually.[1] Pressure injuries are more likely to occur when patients are less mobile. Preventive measures are critical, as is early best-practice management when these injuries occur.

Pressure injuries result in poor patient experience, including prolonged hospitalisation. Annual treatment costs in Australia are estimated to be $983 million, representing close to 2 per cent of all public hospital expenditure and more than half a million bed days lost.[2]

In 2016, Austin Health committed to reducing the incidence of pressure injuries and set an ambitious, organisation-wide stretch target of zero avoidable incidents by 2020.

Aligned to Austin Health's strategic priority to deliver reliable, safe, person-centred care, we saw an opportunity to reduce the rate of hospital-acquired pressure injuries across our health service, thereby improving our patient experience.

A Pressure Injury Steering Committee was established and set the strategy and direction for the service-wide improvement program. This involved medical, allied health and nursing staff.

Austin Health made a strategic decision to undertake the change across the entire health service, rather than trial in a single ward. A Wound Clinical Nurse Consultant (CNC) specialising in wound and pressure injury management was appointed. The Wound Resource and Nurse (WREN) program was developed to provide support for point-of-care nursing and medical staff to help prevent pressure injuries and manage them optimally when they occur.

[1]HPA 2016 Activity Based Funding Admitted Patient Care 2015-16 acute admitted episodes, excluding same day

[2]Nguyen et al. 2015, Australian Healthcare Review

Since it was introduced three years ago, the improvement program has delivered a 22 per cent decrease in the total incidence of pressure injuries (to June 2019).

A series of online training packages are currently being developed to provide accessible tools for staff across disciplines to help prevent and manage pressure injuries.

Embedding the WREN program hospital wide, we've seen a cultural shift in the prevention and management of pressure injuries – Nurse Unit Managers and ward staff have now embraced the additional support and are proud of the initiative's success.

The range of interventions have worked together to directly impact the number of pressure injuries sustained at Austin Health, resulting in reliable, safe, person-centred care.

Since it was introduced three years ago, the improvement program has delivered a 22 per cent decrease in the total incidence of pressure injuries (to June 2019).

Contact us

We rely on feedback to ensure the Quality Account is engaging and relevant for our readers.

Email **feedback@austin.org.au** or contact the Consumer Engagement Office on **03 9496 3566.**

Austin Hospital

145 Studley Road
Heidelberg Victoria 3084
P. 03 9496 5000
F. 03 9458 4779

Heidelberg Repatriation Hospital

300 Waterdale Road
Ivanhoe Victoria 3079
P. 03 9496 5000
F. 03 9496 2541

Royal Talbot Rehabilitation Centre

1 Yarra Boulevard
Kew Victoria 3101
P. 03 9490 7500
F. 03 9490 7501

Austin Health acknowledges the Traditional Custodians of the land and pays its respects to Elders past, present and emerging.

Austin Health celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

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