


Quality Account 2017–18



Austin
HEALTH



Spinal cord patients enjoy
gardening at our Royal Talbot
Rehabilitation Hospital.



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A message from our Chief Executive



I'm pleased to present Austin Health's Quality Account which encompasses activities for the 2017-18 financial year.

Monitoring the quality of our service is a key priority at Austin Health. We continue to survey our patients through various mechanisms to gauge what we're doing well and where we can improve. Feedback obtained from nearly 1,000 patient surveys showed an overall care satisfaction score of 84%, while nearly 3/4 of patients said they'd refer our service to family or friends. This is a great outcome and testament to the quality of care we provide at Austin Health.

We know patients are increasingly seeking greater control over their care. In response, this year we launched the My Austin Health Journey App to give patients easy access to information about their upcoming procedures and updates on their recovery. The app also enables patients to contact us with questions or to provide feedback about their care.

Promoting a safe working environment has been an ongoing focus for us. We ran an internal campaign to encourage reporting of non-physical aggression against our staff. While the number of health and safety incidents reported this year has increased, greater visibility will enable us to implement strategies to help curb this behaviour.

A number of highlights rounded out what has been an immensely busy year for research with almost 200 new projects approved for Austin Health and our various partners. A particular highlight is the \$4.8 million grant awarded to Austin Health and research partner the University of Melbourne to conduct the world's first large-scale international trial into chronic post-surgical pain prevention. This is the largest ever grant awarded by the National Health and Medical Research Council (NHMRC). The ROCKet (reduction of chronic post-surgical pain with ketamine) trial will test whether ketamine given before and after surgery reduces the incidence of significant post-surgical pain. A number of

our researchers were also recognised in the Queen's Birthday Honors and we received six early career fellowship grants from NHMRC.

We recently launched our new Strategic Plan 2018-22 which outlines our vision to shape the future through exceptional care, discovery and learning. Our five-year plan responds to the changing landscape in healthcare and embraces the challenges and opportunities facing our sector. We have an exciting future ahead of us and I look forward to reporting our achievements over the coming years.

Finally, I'd like to thank our almost 9,000 staff and volunteers for their role in our achievements this year. I'd also like to thank our community representatives whose insights and feedback is invaluable to improving our health service and ensuring we continue to meet the needs of the community.

I look forward to delivering another year of success, innovation and quality care at Austin Health.

Sue Shilbury
Chief Executive Officer



Orthotics and prosthetics is a specialised service at Austin Health that helps patients get the most out of life.

Consumer, carer and community participation

Building the capacity of consumers and community members to participate.

Programs to facilitate and improve participation

Austin Health has developed a support program for new consumer representatives, which includes a comprehensive orientation and mentoring program delivered by staff, volunteers and experienced consumer representatives. We provide opportunities for ongoing professional development through support groups, hospital tours and information sessions. We keep our consumer representatives and volunteers up to date with Austin Health developments via our quarterly newsletter and regular email updates to members of our committees, project teams and consumer representative networking forums.

Feedback and patient experience

Feedback about the consumer experience is critical to informing us about our strengths and opportunities for improvement. We collect feedback through a number of mechanisms.

Patient Experience Survey

Our Patient Experience Survey (PES) gathers feedback that staff can access

in real time, driving immediate quality improvements.

This year, we collected 894 surveys and patients reported an overall care satisfaction score of 84%. When asked if they would refer their friends or families to our services 68% of patients said 'yes'. Refer overpage for more highlights.

We are committed to improving patient experience of cancer care. This year, we engaged patients and

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

You said	We did
<ul style="list-style-type: none">• Improve the provision of information at the time of discharge	<ul style="list-style-type: none">• Developed a process to routinely provide discharge summaries to patients
<ul style="list-style-type: none">• Improve the use of self-check-in machines in our specialist clinics	<ul style="list-style-type: none">• Worked with volunteer services to provide support to consumers using the self-check-in machines
<ul style="list-style-type: none">• Enable consumer representatives to internal IT systems to access	<ul style="list-style-type: none">• Provided internal IT systems.
<ul style="list-style-type: none">• increase their ability to participate.	



their carers in a number of service improvement projects and surveyed 1,000 patients who had received chemotherapy or radiotherapy in 2017. Of the 496 patients who responded, 96% said they were 'satisfied' or 'very satisfied' with their overall care while 95% said they were treated with dignity and respect.

Victorian Healthcare Experience Survey results

The Victorian Healthcare Experience Survey (VHES) is a statewide survey of people's healthcare experiences.

This year:

- 96% of our patients felt their overall care experience was 'good' or 'very good' (up 5% on last year).
- 98% of our patients felt that the care and treatment they received was 'good' or 'very good'.
- 94% of our patients felt that their care and treatment was 'always' explained in a way they could understand.



Patient Experience Surveys

90%

of patients believe each staff member listens and communicates in a way that meets their needs

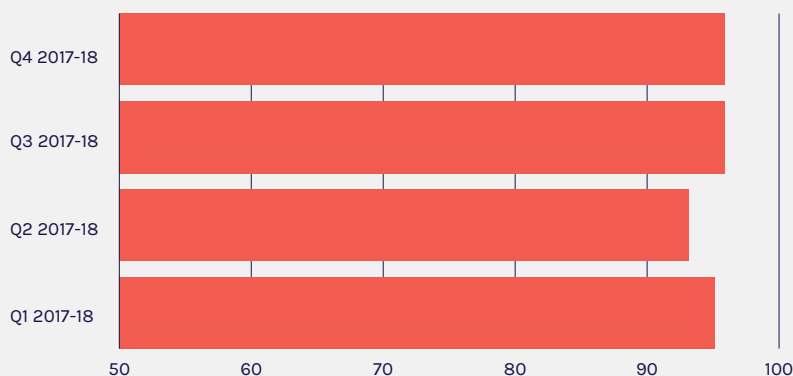
97%


believe they are treated with respect and dignity

86%

feel they are involved in decisions about their care as much as they want to be

VHES Overall Care Score - Austin Health



A close-up photograph of a woman with short, curly reddish-brown hair, wearing glasses and a headset with a microphone. She is wearing a blue polka-dot blazer over a dark top. A white speech bubble with a blue outline is positioned in the lower-left quadrant of the image, containing text. The background is blurred.

1. Consumer, carer and community participation

Austin Health interpreting staff speak one or more of the top eight languages spoken by patients.

Interpreter services

Our patients come from a wide range of cultural and linguistic backgrounds. The top languages spoken by patients other than English are Greek, Chinese, Arabic, Italian, Slavic, Vietnamese, Turkish and Persian.

This year, we received 24,109 interpreter requests and provided 19,229 face-to-face services to patients and their families in 71 languages. We met 88% of requests for face-to-face interpreters, and approximately 9% of them were provided by telephone.

Requests in these eight languages make up 82% of all language requests. We routinely monitor

languages spoken by our patients to ensure that appropriately qualified and experienced interpreters are readily available to help facilitate communication.

Due to a lack of qualified interpreters in other areas of Melbourne, we experienced an increase in demand from patients who attend Austin Health but live outside the Banyule catchment area.

During the year, we trained clinicians to more effectively assess and treat patients who speak languages other than English. Trainees included nutrition students, new medical interns and neuropsychology clinicians. We provided interpreter services to Aged Care Assessment Services (ACAS) and the Health

Independence Program (HIP).

We are committed to training more staff about cultural and linguistic barriers and their impact on health outcomes.

We help staff produce patient information in simple language so it can be translated more accurately. We also translated our patient safety brochure into our top eight languages.

Disability Action Plan 2015-2020

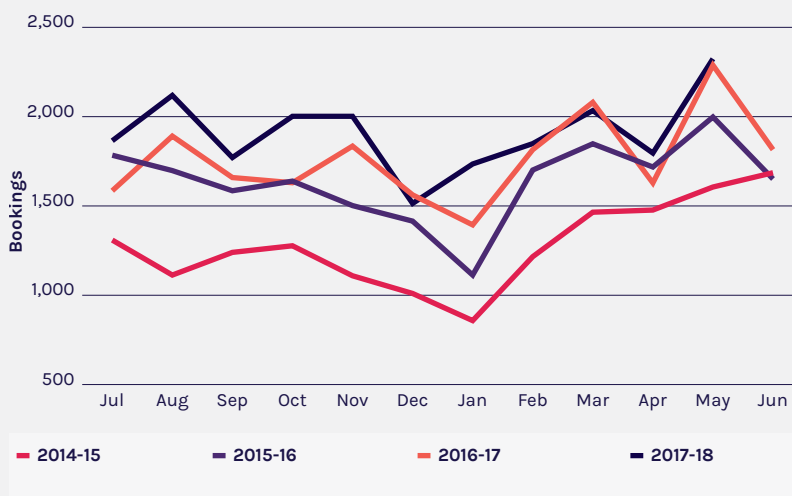
We developed our Disability Action Plan 2015-2020 in collaboration with consumers and staff. It recognises the complex and variable needs of people with disabilities and commits to identifying and addressing the barriers that restrict our patients, carers and staff from being included and participating in their communities.

During the year, we saw an increase in the number of patients who were eligible for the National Disability Insurance Scheme (NDIS) and who required NDIS support to leave hospital. Our multidisciplinary rehabilitation teams dedicated a significant amount of time to understanding the NDIS and the role of the health team in supporting NDIS access and planning to ensure patients leave hospital well and supported.

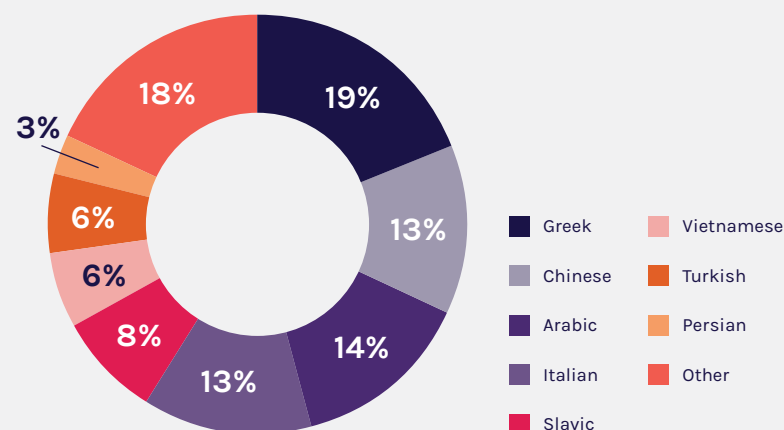
We continued to implement a formal process to help patients prepare for NDIS and hospital discharge. The outcomes for patients who are able to access the NDIS have improved and they are able to return home, where they have the support and equipment to function day to day. Most importantly, NDIS participants are able to express their goals and obtain support to do the things that are most meaningful to them.

Occupational therapist Brynn Lewin is leading the ongoing development of our NDIS capability, which focuses on supporting and learning from health services across the country about the NDIS interface.

Language services activity face to face and phone



Occasions of service by language



1. Consumer, carer and community participation

Strengthening LGBTIQ+ care

In 2016, we established the Rainbow Working Group, which includes consumers, carers and staff members. The Group aims to improve staff awareness and provide services that meet the needs and expectations of LGBTIQ+ people. This year, the Mental Health Division successfully hosted Austin Health's inaugural Pride Day, which included a range of stalls from LGBTIQ+ organisations.

Improving care for Aboriginal and Torres Strait Islander patients

Austin Health is committed to closing the health gap between Aboriginal and Torres Strait Islander people and the non-Indigenous population. We follow a continuous quality improvement framework and we report on this annually to the Department of Health and Human Services (DHHS). This ensures we remain accountable and meet community needs.

This year there were:

- 1,165 Aboriginal and Torres Strait Islander inpatient admissions
- 1,182 Aboriginal and Torres Strait Islander emergency department (ED) presentations
- 1,550 Aboriginal and Torres Strait Islander specialist clinic attendances.

We made a number of enhancements to our continuous quality improvement framework including changes to the patient self-check-in process to identify Aboriginal and Torres Strait Islander patients when they check-in, and ensure our records are up to date.

Closing the Gap – Aboriginal and Torres Strait Islander Patients

The Ngarra Jarra Aboriginal Health Program works in conjunction with our care team to deliver culturally appropriate patient-centred care. To improve our service offering, we extended the Ngarra Jarra office to include a new meeting area with purpose-built office furniture, new carpets and paint.

Organisational development

To raise awareness of the culture, history and challenges faced by Aboriginal and Torres Strait Islander people, we held a cultural briefing for nursing students. The briefing highlighted Austin Health's commitment to improving health and employment outcomes for the Aboriginal and Torres Strait Islander community.

We installed Aboriginal and Torres Strait Islander flags in front of the Olivia Newton-John Cancer Centre and a Torres Strait Islander flag next to the Aboriginal and Australian flags at our Harold Stokes Building.

During the year we obtained an Aboriginal Cultural Safety Program Grant to employ an Aboriginal Artist in Residence to develop and promote material and resources for Aboriginal and Torres Strait Islander patients.

Cultural Awareness online learning packages

At the end of the year, 40% of Austin Health staff had voluntarily completed our e-learning training package and we aim to boost that figure to 50% by October 2018. A campaign on our intranet site is encouraging staff to complete the training and uptake is steadily increasing. The training will be mandatory for all staff by the end of 2018.

Austin Health and the Wandeat Bangoongagat Aboriginal Employment Working Group are contributing to a standard online learning package for all Victorian Health Services. The standardised package will feature 80% generic material and 20% material specific to each health service provider.



+1,165

Aboriginal and Torres Strait Islander inpatient admissions

+1,182

Aboriginal and Torres Strait Islander emergency department (ED) presentations

+1,550

Aboriginal and Torres Strait Islander specialist clinic attendances.



ROCK et trial launches

An Austin Health-led international trial that hopes to be a game-changer in the prevention of post-surgical pain has recruited its first patient.

The Reduction of Chronic post-surgical pain with Ketamine (ROCK et) trial is the world's first large-scale trial into post-surgical pain prevention.

Just under 5,000 patients who are undergoing major surgery will be recruited over the next five years to test whether ketamine given prior to and following surgery reduces the incidence of chronic post-surgical pain. Austin Health and The University of Melbourne received \$4.8 million in National Health and Medical Research Council (NHMRC) funding to run the trial.

Principal Investigator and Austin Health's Director of Anaesthesia Research, Professor Philip Peyton, said the trial's scale had captured the attention of the pain research community. He said that several small trials of ketamine have had mixed results and it was accepted that a large-scale definitive trial was needed.

Chronic pain after surgery is a widespread problem, especially after breast cancer, abdominal and thoracic surgeries, and knee and hip operations. A large Australasian study conducted in 2016, the ENIGMA Trial, found that 12% of patients still suffered pain 12 months after major surgery, with a third rating their pain as severe.

"This not only has a significant impact on quality of life but also a substantial economic impact," Professor Peyton said.

Those in the control group will receive standard anaesthesia and

post-operative pain relief, while the others will also receive ketamine during surgery and for up to 72 hours after their procedure. Their recovery will be tracked for 12 months after surgery.

Ketamine targets the receptors in the pain pathways of the spinal cord that are thought to be responsible for the progression of acute pain to chronic pain.

"We think it's a drug that may be able to cut that progression" Professor Peyton said.

"This trial is an exercise in prevention. We're not trying to treat chronic pain once it's established - that is really difficult, and we think an ounce of prevention might be worth a pound of cure."

"If it's proven to be effective, it will be a game-changer because there will be a really strong argument for making ketamine a routine part of anaesthetic care, rather than something we reach for when we have a problem with difficult pain."

The five-year trial will recruit approximately 1,000 patients per year initially in Australia, followed by centres in New Zealand, Hong Kong and other parts of Asia. Professor Peyton said there had also been significant interest from North America and the UK.

**"If it's proven to be effective,
it will be a game-changer."**

– Professor Philip Peyton

Quality and safety

Consumer and staff experience

Quality and safety feedback

We collect consumer feedback from consumers about our services and care via a number of mechanisms, including:

- 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 (PES) (refer to page 6)
- Victorian Healthcare Experience Survey (VHES) (refer to page 7)
- local area surveys
- online suggestion box
- consumer representatives on committees
- Facebook and Twitter.

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:

- 171 formal complaints
- 894 completed PESs
- 670 My Say compliments
- 597 My Say concerns/suggestions for improvement.

We developed a manual to outline the processes for responding to feedback and consolidated the reporting of mental health complaints into our divisional structure.

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:

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

Actions taken to respond to consumer feedback

You said	We did
It would be preferable if beds were available for family members to stay overnight when co-caring for patients.	Sourced and purchased chairs that fold out to full-sized single beds.
You would like to access information via the internet while at the hospital.	<p>Provided free wi-fi access for patients, staff and visitors across our four hospitals:</p> <ul style="list-style-type: none"> • Austin Hospital • Olivia Newton-John Cancer Centre • Repatriation Hospital • Royal Talbot Rehabilitation Centre
The footpath is uneven and dangerous at the Heidelberg Repatriation Hospital.	Started works to repair the footpaths.



The wheelchair skills course at the Royal Talbot Rehabilitation Hospital helps teach new wheelchair users how to negotiate difficult curbs, ramps and textures.



People Matter survey results

The People Matter survey is an employee opinion survey run by the Victorian Public Sector Commission (VPSC) to gain an understanding of what it is like to work in the Victorian public sector. The survey provides the opportunity for employees to express their views across a range of areas including:

- awareness of organisational policies and procedures
- workplace behaviours
- work environment
- patient safety
- job satisfaction.

The following survey modules were included for all health services:

- **Wellbeing:** work-life balance, stress and workload management, support for employees and psychological health at work.
- **Diversity and inclusion:** diverse workplace practices, gender equality and inclusion programs.
- **Sexual harassment:** identifying when intervention may be required, workplace culture and behavioural analysis.

This year, 2,428 Austin Health staff (30% of our workforce) completed the survey, which included eight patient safety questions. We achieved an overall patient safety culture result of 77%, which was down 2% on last year but 4% higher than the comparative average.

Workplace health, safety and wellness

During the year, Austin Health maintained a fully certified Health and Safety Management System to Australian Standards AS4801. Continuous improvement of our safety management systems, coupled with programs of work designed to reduce exposure to our greatest hazards, such as occupational violence and hazardous manual handling, were our top priority.

The health and safety incident rate is attributed to increased occupational violence reporting, in particular non-physical verbal abuse. This is consistent with our promotion of reporting incidences of occupational violence and aggression, which is aligned with the broader Victorian Government's Occupational Violence in Health Care campaign.

The number of claims with associated lost time has steadily increased over the past three years, however the costs associated with these claims has decreased. This is partly due to Austin Health's strong focus on early return to work, particularly across 13-, 26- and 52-week milestones. Overall, Austin Health's performance in early intervention and return to work continues to better the health industry standard.



People Matter survey results

77%

Patient safety culture result

4%

higher than the comparative industry average



Aggression management

This year we saw a significant increase in occupational aggression incident reporting. Incidents included non-physical aggression such as swearing, spitting and behaviours that did not result in physical assault or property damage. The increase in reports arose from our campaign to encourage reporting of all forms of aggression against staff to help address the causes and prevalence of such behaviour.

Hazardous manual handling

Our manual handling program features Move-Smart training (patient handling), competency assessments and equipment/sling management audits. Incident reporting of exposure to poor patient handling technique remains low, especially when compared to the number of claims attributed to patient handling. This year, we paid particular attention to bariatric

patient handling and equipment. Staff attended a Bariatric Patient Care Expo in March and seminars, including Medical and Nursing Grand Rounds. We invested in new equipment, including bariatric beds, and audited existing equipment.

Overall performance

Workplace health and safety	2015-16	2016-17	2017-18
Number of reported health and safety incidents reported per 100 FTE*	26.46	26.19	31.23
Number of lost time reported claims per 100 FTE*	1.26	1.33	1.48
Average cost* per claim	\$87,366	\$55,003	\$46,403

* 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.

A woman with blonde hair, wearing a black top and a patterned scarf, is sitting on a teal couch and playing an acoustic guitar. She is smiling and looking towards a person in the foreground who is wearing a red baseball cap. The person in the cap is out of focus. The background is a plain, light-colored wall. There are decorative geometric shapes in the top left corner, including a red square and a grey square.

2. Quality and safety

Music therapy is an important part of our rehabilitation program.

Bullying and harassment

Austin Health has a robust framework for managing bullying and harassment, including reporting mechanisms, training and awareness, and avenues for staff to raise complaints. This year, our focus was on fostering a positive workplace culture and we implemented a range of initiatives aligned to DHHS strategy. We:

- reviewed our Bullying and Harassment Contact Officer model and trained 20 new officers to be the first point of contact.
- implemented 'Custodian of Culture' training to build the capability of managers to handle bullying and harassment, Equal Employment Opportunity (EEO), and discrimination.
- rebranded and relaunched mandatory 'Positive Workplace Behaviour' training that linked with Austin Health's new values and Staff Code Of Conduct.
- monitored our medical workforce cultural reform, with initiatives focused on Doctor Mental Health, the Medical Peer Support Program, the Royal Australian College of Surgeons Memorandum of Understanding, diversity and inclusion, and flexible work practices (in line with new Enterprise Agreements).

Mental health and wellbeing

The Workforce Mental Health Strategy 2016-2018 includes initiatives such as the Medical Health Program and peer support, an onsite Employee Assistance Program (EAP) clinic and training programs. Piloted in 2017, the EAP clinic is now available each week at the Austin and Repatriation sites. We will extend this to our Royal Talbot site in late 2018.

Next year we will expand the strategy to encompass high-risk groups and the nursing workforce. We also plan to provide a wider range of offerings for our staff over the next five years.

Accreditation

All Australian health services are surveyed under the National Standards for Quality and Safety in Healthcare, which includes acute care, sub-acute care and mental health services. The 10 standards measure quality of care in key safety areas for patients, such as falls, pressure injuries, blood products, infection control and handover.

Austin Health achieved excellent results in 2013 and 2016. We will be surveyed in October 2018 prior to transitioning to the second edition of the National Standards for Quality and Safety in Healthcare in 2019.

Adverse events

The clinical incident reporting system enables us to understand the potential clinical risks of providing healthcare.

This year there were eight Severity Rating 1, and 143 Severity Rating 2 incidents reported and reviewed. The reviews led to recommendations for improvement, including updating and clarifying clinical guidelines.

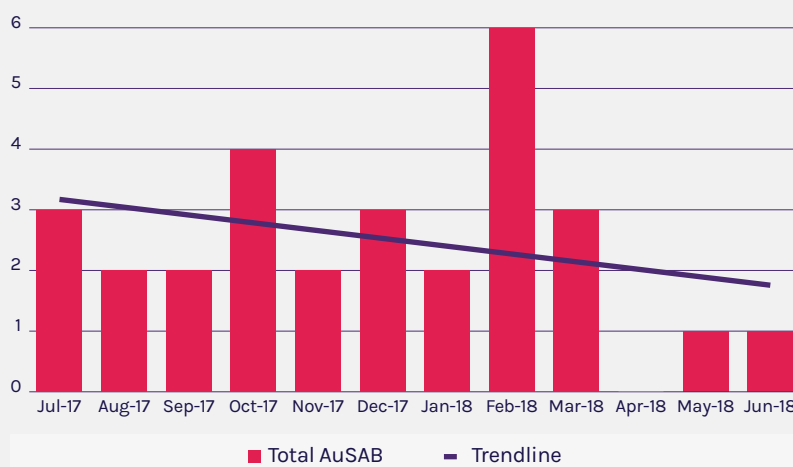
Some errors, or adverse events, meet the criteria for reporting to Safer Care Victoria (SCV) as 'sentinel events' (these are infrequent events that require an in-depth and external review). This year,

we reported one sentinel event to SCV. A robust review was undertaken and recommendations implemented. We have been monitoring these recommendations in a number of ways, including regular reporting to the Austin Health Executive and Board.

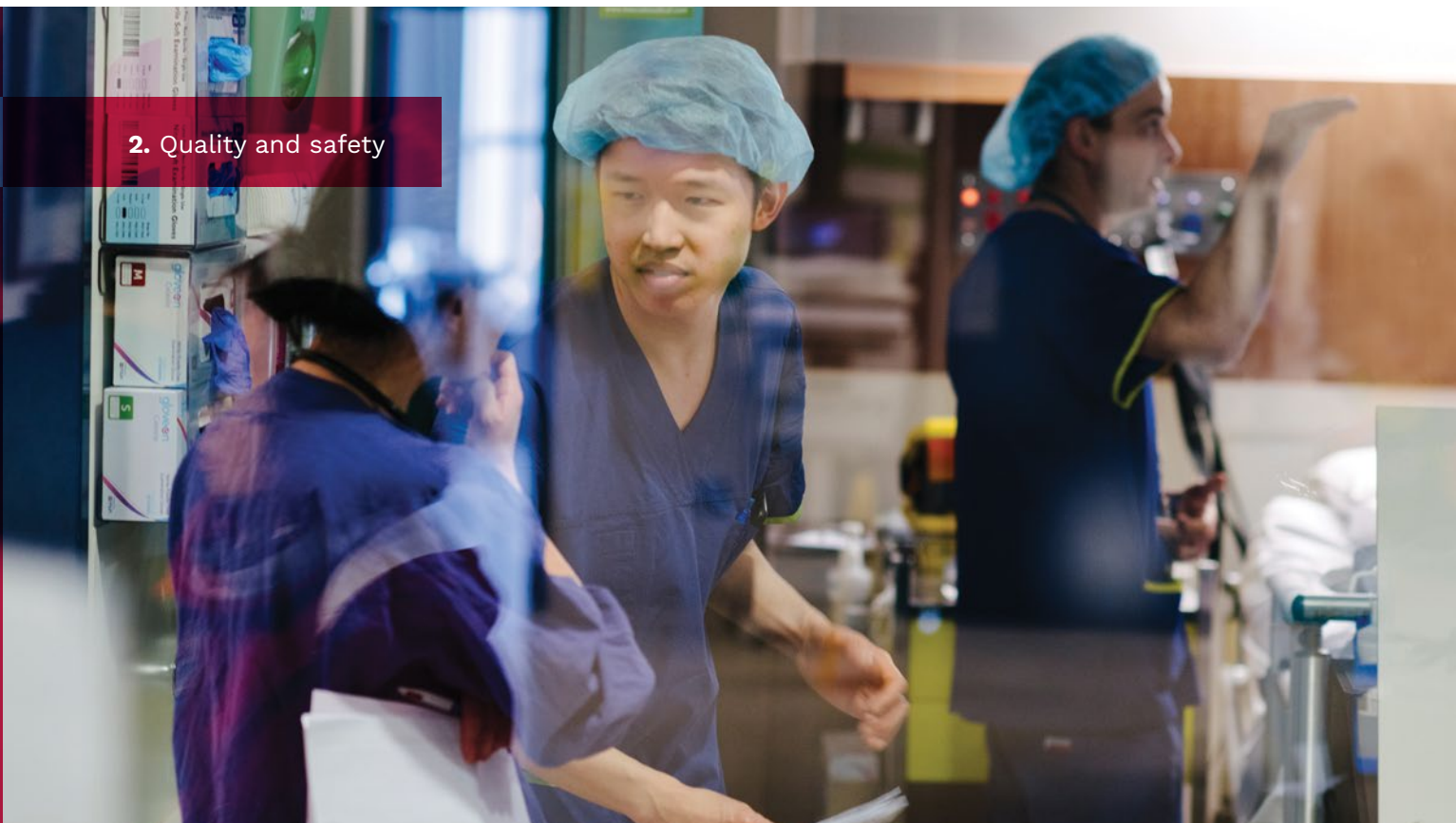
Patient safety

Austin Health had the lowest *Staphylococcus Aureus* Bacteraemia (SAB) rate for principal referral hospitals in Australia from July 2016 to June 2017, with a rate of 0.46 per 10,000 occupied bed days (OBD). Following a slight rise in the incidence of SAB in February 2018, targeted interventions helped us reduce AuSAB this year. Austin Health SAB rate has declined to 0.8 per 10,000 OBD (Refer figure 1). This is below the Victorian DHHS target of 1 per 10,000 OBD and the national benchmark of 2 per 10,000 OBD. Our aim is zero infections, which we will achieve through consistent practice in inserting and caring for peripheral and central intravenous lines.

Figure 1: Austin associated *Staphylococcus Aureus* Bacteraemia (AuSAB) incidences (July 2017 to June 2018)



2. Quality and safety



Central Line Associated Blood Stream Infections

Our Infection Control Department monitors and reviews ICU Central Line Associated Blood Stream Infections (CLABSI). This year, the overall Austin Health Cumulative CLABSI rate was 0.8 per 1,000 device days, which was slightly above the state target of zero CLABSI. There were no CLABSI reported at Austin Health from November 2017 until June 2018 (refer figure 2).

Staff influenza immunisation

Every year we offer Staff Influenza Immunisation to protect patients and staff against the flu. The DHHS target for staff influenza immunisation; this year was 80%. Austin Health achieved this target.

Figure 2: ICU Central Line Associated Blood Stream Infections (CLABSI) Quarterly Rate July 2017 - June 2018

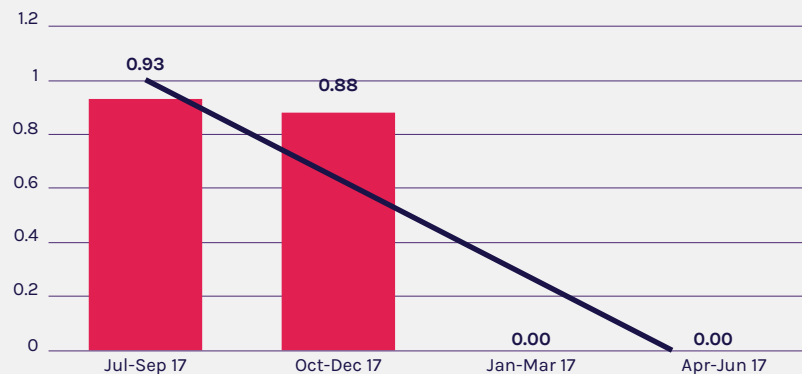
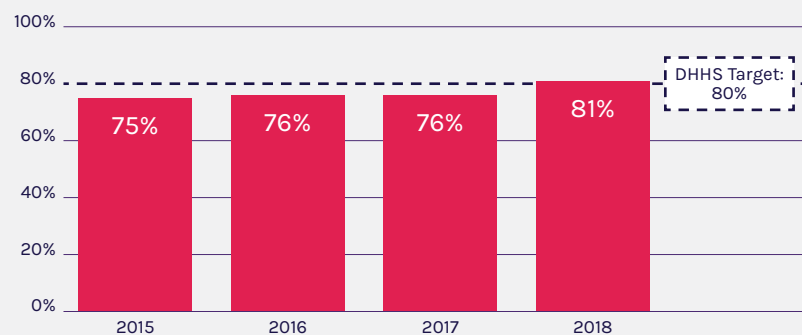


Figure 3: Austin Health Staff Influenza Immunisation





Medication

Medicines Optimisation Service

Using medicines wisely and safely is a high priority when it comes to patient care at Austin Health. This year, we launched an innovative Medicines Optimisation Service to facilitate equity of access, safety and better patient outcomes by improving the way we use medicines in our hospitals.

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

- Helping doctors to safely reduce the number of unnecessary medicines taken by elderly patients who are at risk of medicine-induced delirium or falls.
- Promoting organisation-wide collaboration about the appropriate use of opioids, as well as improving patient education about how to safely take or dispose of these high-risk medicines.
- Facilitating the understanding and safe use of biosimilars (regulatory body-approved versions of original biologic medicines) in keeping with global best practice.
- Reviewing how certain medicines may be safely recycled to minimise the burden of national drug shortages on patients.
- Maintaining cold chain (fridge) storage for temperature-sensitive medicines to ensure their effectiveness.
- Assessing and rationalising the use of medicines for off-label indications.



Staff influenza immunisation

81%

reached by Austin Health in 2017-18
(DHHS target for staff influenza immunisation is 80%)

2. Quality and safety



Initiatives introduced to improve safety

Falls injuries

We audited data from the past two financial years to assess the organisation's ongoing performance. Results showed a 3.5% increase in the total number of falls and an increase in falls with harm (ISR 1 and 2). Further analysis of the data showed an increase in falls in the Continuing Care (CC) Division. In response, we focused on individual units within the CC division to reduce falls and falls with harm and addressed individual aspects of care that could affect falls rates.

We recently upgraded our subscription to the Health Roundtable and reported our

data to the Pressure Injury and Falls Committee. Compared to our peer hospitals, the proportion of in-hospital falls is higher. However, Austin Health does continue within the interquartile range and has remained consistent for the past six quarters. The rate of in-hospital falls for Austin Health is 0.28% (patients with a fall/total patients).

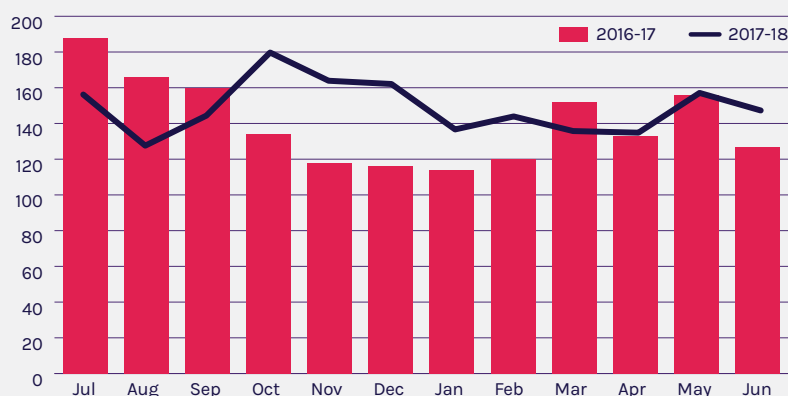
This indicates consistent performance in relation to total number of falls despite a slight increase (0.05%) in the last quarter (April to June 2018).

The increase in the total number of falls translated to an increase in falls resulting in fracture or intracranial injury per 10,000 bed days. In the last quarter of 2018, Austin Health performed above the

75th percentile with a rate of 1.7% of in-hospital falls resulting in fracture or intracranial injury (in-hospital falls/total bed days). Performance throughout the year ranges from 0.2% to 2.4%.

Austin Health is committed to reducing falls and falls with harm as a key priority. We have a range of strategies that will help improve our performance in this area. After analysis, it was found that most falls happen in bathrooms. A local initiative in the Medical Division has seen the introduction of multi-lingual falls posters displayed in bathrooms asking patients to "call not fall".

Falls by Month





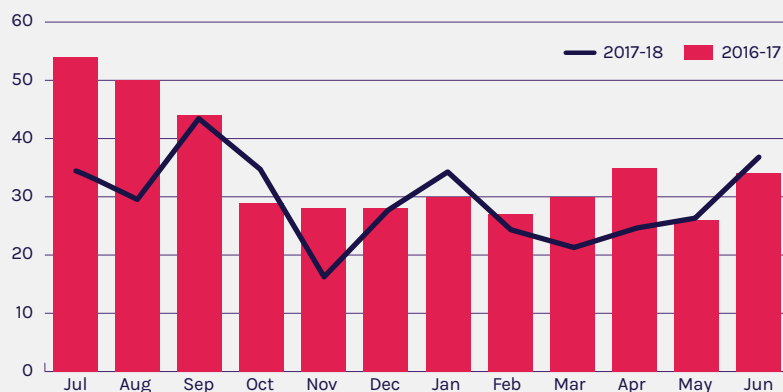
Pressure injuries

In 2017-18, we recorded a 35% decrease in pressure injuries. Over the past two years there have been no stage 4 pressure injuries and we have seen a 67% reduction in suspected deep tissue and unstageable pressure injuries. These improvements are largely attributable to the commencement of a Wound Clinical Nurse Consultant to provide a consistent organisational approach to wound management and pressure injuries, and the introduction of Wound Resource Education Nurses (WRENs) who advocate for, and implement, best practice wound management and facilitate audits and quality improvement activities.

Our Intensive Care Unit (ICU) needed improvement in relation to pressure injury prevention. This year we:

- installed two consignment pressure-relieving mattresses
- increased the number of WRENs from three to seven
- established a Pressure Injury Nursing Special Interest Group
- reviewed naso-gastric tube taping to reduce equipment-acquired pressure injuries.

Pressure Injuries by Month



2. Quality and safety

Use of blood products

Effective use of blood products is critical and we monitored stock levels daily throughout the year. We order less stock during the December and January period when demand is lower, and we ask a pathology doctor to review all requests for large amounts of product to minimise waste. If Fresh Frozen Plasma (FFP) is thawed and not used we convert it to Extended Life Plasma so it can be used during the extended shelf-life period.

Austin Health's FFP wastage rates are well below state and national levels. This year our FFP wastage rate average was 3.8%, compared to an average of 9.3% in Victoria and 11.3% nationally.

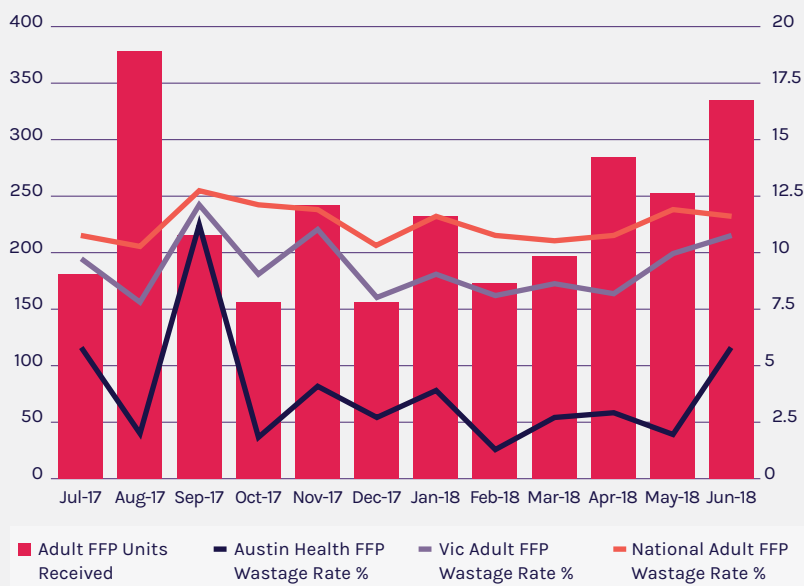
Safe and appropriate surgery


Austin Health is committed to ensuring the highest possible standard of 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 that we actively manage and improve patient safety.


Our Surgical Audit Review Committee (SARC) meets monthly to review any death that occurs in an Austin Health surgical unit. This year, there were approximately 37,000 hospital admissions under Austin Health surgical units and SARC reviewed 139 deaths. This represents a 0.3% surgical mortality rate, which is in line with the Victorian average reported by VASM. Most of the surgical deaths occurred in elderly patients (aged over 75 years) who had underlying health problems or were admitted through emergency with acute life-threatening conditions.

Adult Fresh Frozen Plasma (FFP) Units Received and Fresh Frozen Plasma (FFP) Wastage Rate %



A smiling female doctor with a stethoscope around her neck, holding a book titled 'The approach to mentor role development'. The book is open to a page titled 'a toolkit' which lists various topics related to mentorship. The background is a blurred office setting.

The peer support program
which sees senior staff
mentoring junior doctors
will be rolled out for all
staff at Austin Health.



2. Quality and safety

Surgical waiting list cancellations

This year, Hospital Initiated Postponements (HIPs) dropped from 1,063 to 884. Of those, 53% were due to 'no bed' and patients listed as 'emergency priority'.

Implemented in 2017, the Surgical Waiting List Cancellations project (SWLC) aims to reduce day-of-surgery cancellations, enhance patient and staff experience, improve the use of resources, and develop an escalation process for HIPs in accordance with our Elective Surgery Access Policy.

This year, SWLC revealed some fundamental problems that we are now addressing. We have:

- Aligned cancellation and recording processes across sites so we can identify cancellation improvement opportunities. We convert information into a Cerner Powerform (clinical data management system) to allow real-time data capture.
- Introduced the 'My Austin Health Journey' app to help patients better understand and prepare for their procedures.

Together, the above projects reduced hospital cancellations by an average of 1.15 this year.

My Austin Health Journey App

The app aims to improve patient knowledge and engagement in their health care by providing bite-sized pieces of information about their procedure including how to prepare, what will happen during the procedure and their expected recovery.

The app also provides an opportunity for the patient to call the staff involved in organising their procedure, which improves the lines of communication for the patient. We engaged with our consumer representatives during the development of the app to get their input on content, design and usability. In June, we introduced an evaluation function that allows patients to provide feedback and suggest areas for improvement.

Escalation of care

Austin Health has an established Patient and Carer Escalation (PACE) process. This year there were 15 calls (down one call from last year), and no calls between March and June 2018.

In June, we reviewed the PACE process through a survey of 122 consumers. While only 30% were aware of the PACE process, overwhelmingly they felt that they could and would get help when needed. Feedback from this survey prompted modifications to the PACE poster, and a campaign to educate clinicians about PACE.



Mental health services

Our Mental Health Division supports the right of consumers to receive treatment in the least restrictive environment possible across all age and gender groups and consistent with the objectives of the *Victorian Mental Health Act 2014*. The governance and clinical structure underpins and supports the activities of clinicians.

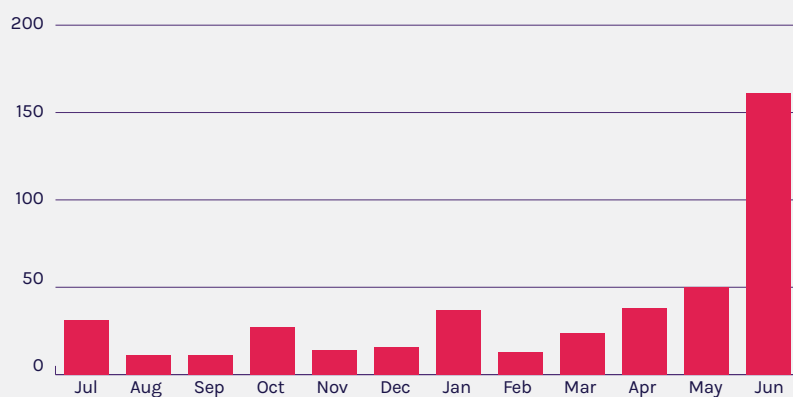
KPI data related to restrictive interventions, such as incidents of seclusion and bodily restraint,

is monitored within each program area, and via monthly Mental Health Leadership meetings. Seclusion and restraint data is 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. Statements of Priorities are annual accountability agreements between Victorian public healthcare services and the Minister for Health. They outline the key performance expectations, targets and funding for the year, as well as government service priorities. This year, the

target rate of seclusion events relating to a mental health acute admission (all age groups) is less than 15 per 1,000 bed days.

We recorded a higher than usual seclusion rate for Quarter 4, with significantly higher acuity and complexity in the consumer group between March to May. Seclusion rates spiked during this period, with 7.5 seclusion events per 1,000 bed days. Each of these events was investigated and reported on at the time that they occurred. Despite this spike, Austin Health's multiple seclusion episodes remained low for the quarter at 1% and we had the second lowest seclusion rates across all mental health services for the year, at 2.9 seclusion events per 1,000 bed days. Of all mental health services, Austin Health was the only to record a zero percentage for multiple seclusion episodes across the year.

Restraints at Austin Mental Health



Better antibiotic prescribing to improve medical outcomes

In a world-first research study, Austin Health and the Peter MacCallum Cancer Centre set out to understand the extent of incorrect antibiotic labelling. The study looked at how this could be minimised through antibiotic allergy testing in a clinical setting to improve the safe and appropriate use of antibiotics.

Up to 18% of hospitalised patients carry an antibiotic allergy label (AAL) on their medical record. AALs limit the choice of antibiotics and increase the chance of infection, as well as increasing the length of stay and likelihood of readmission.

AALs are also associated with increased prescription of alternative antibiotics that are less effective, more toxic and expensive, which increases patient risk. The impacts are most prevalent in patients with cancer and those that need antibiotics frequently.

The research tested whether AALs were accurate and how widespread was the incidence of inaccurate labelling.

The barriers faced were significant and included poor understanding of the prevalence, accuracy and impact of AALs, limited access to screening services to test and validate the allergies, few trained infectious diseases and antimicrobial staff, and the absence of a coordinated approach to antibiotic allergy testing in Australia.


The results were profound. Hundreds of patients were cleared to take antibiotics and improved and appropriate antibiotic therapy and an antibiotic allergy-testing program are now embedded in the services.

The results of the study will potentially create a significant change in how antibiotics are used, and improve the effectiveness of these treatments.

A staggering 94% of the first 118 patients tested had inaccurate labels that could be revised. For 83% of patients, the label could be removed allowing them to take penicillin instead of more complex, expensive, and less effective antibiotics. Nearly half of the latter group were complex patients with lowered immune systems, due to either cancer or organ transplants, who require antibiotics regularly.

The team also piloted a test that used a blood test combined with specialised skin testing to determine which antibiotic was the cause in severe antibiotic allergy cases.

This simple clinical solution is embedded at both Austin Health and the Peter MacCallum Cancer Centre, and the clinical



assessment and skin testing service is providing critical antibiotic testing for inpatients and outpatients from across Victoria and Australia.

The clinic has seen 670 patients since it opened. Of these, 524 were tested and 82% have had an antibiotic allergy removed. Of these, 56% have had all their antibiotic allergies removed. As a result, the clinic has successfully increased the use of safer, appropriate and penicillin-based antibiotics and has fundamentally changed patient care.

The work has been the focus of considerable Australian and global interest and the model of care replicated in Queensland, with many others planned.

“Being able to take the antibiotic with the knowledge that I was now protected against the devastating infections that may complicate a non-functioning spleen, gave me the reassurance to continue with my daily activities devoid of anxiety.”

– Patient feedback



Comprehensive care

Victorian Health Experience Survey 'Leaving Hospital' results and analysis

Austin Health met the Victorian Health Experience Survey (VHES) Transition of Care Index target of 75%. Austin Health has consistently improved 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?'.

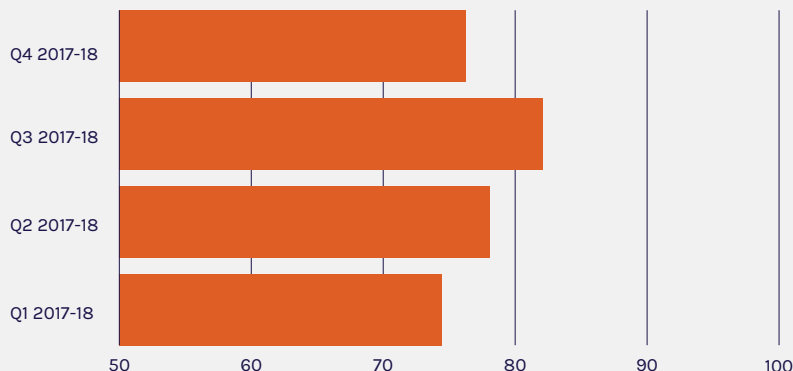
In the past year, we improved the provision of information on discharge and trained staff in the 'check back' method to ensure patients and their families have all the information they need. We also established a Patient Experience Working Group, which focuses on improving low-scoring VHES questions.

Advance Care Planning improvements

To improve Advance Care Planning (ACP), we:

- reviewed and implemented a new model of care and governance arrangements
- implemented the 'Advance Care Planning Guideline' to align with the *Medical Treatment Planning and Decisions Act 2016*
- rolled out an Advance Care Planning and Consent online learning module on our internal training platform
- continued monthly face-to-face ACP education
- engaged approximately 2,000 Austin Health staff in ward education, team discussions or Grand Rounds
- arranged for community ACP volunteers to provide approximately 50 education sessions across the catchment area
- documented case studies as a resource for health professionals and consumers.

VHES Transition Index





End-of-life care

We implemented the Goals of Care (GOC) form in some aged care wards at our Repatriation Hospital and updated it to reflect the *Medical Treatment Planning and Decisions Act 2016* terminology.

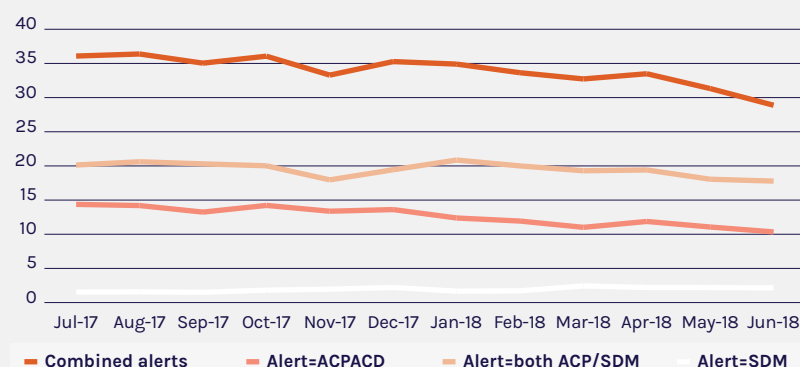
The hospital funded the 'CLEAR Decisions – Choosing Wisely' project, which will start in November 2018. The project includes a hospital-wide rollout of the GOC form, communication skills education, quality of death and dying auditing and development of hospital wide end-of-life care resources.

The End-of-Life Care Sub-committee provides governance for improving advance care planning, facilitation of end-of-life care and palliative care. The Advance Care Planning Steering Committee was restructured to provide leadership, integration into routine care and increased workforce capability. We participated in the Palliative Care Clinical Network and Safer Care Victoria's initiative to improve palliative care across the state.

We continue to work closely with local community palliative care services to improve continuity of care for patients. This year,

Austin Health commenced a joint project with Banksia palliative and residential outreach service to improve palliative care support to residential care facilities. A key achievement has been the integration of a yearly memorial service for palliative care patients and their families.


Percentage of Admissions for Patients over 75 years of age with an ACP and/or Substitute Decision Maker alert



Advance Care Planning improvements

2,000

staff engaged in ward education, team discussions or Grand Rounds



4. Statewide plans and statutory requirements

We provide workplace opportunities for Aboriginal and Torres Strait Islander staff through work experience, trainee and cadetship programs as well as graduate and intern programs.

Statewide plans and statutory requirements

Aboriginal and Torres Strait Islander Employment Plan

The Aboriginal and Torres Strait Islander Employment Plan 2016-2019 is designed to increase Aboriginal and Torres Strait Islander participation in Austin Health's workforce. At year-end, we had 37 staff who identify as Aboriginal and Torres Strait Islander – the largest number to date at Austin Health.

We provide workplace opportunities for Aboriginal and Torres Strait Islander staff through work experience, trainee and cadetship programs as well as graduate and intern programs. Measures are in place to ensure that we identify Aboriginal and Torres Strait Islander staff early in the recruitment process and provide support to both candidates and managers to promote their employment. We have introduced cultural awareness training to ensure that our workplace is culturally safe, welcoming and inclusive for Aboriginal and Torres Strait Islander patients and staff and we embrace NAIDOC week with a wonderful program of events.

A multidisciplinary Aboriginal and Torres Strait Islander Working Group meets regularly and one of our Statements of Priority for 2018-19 is the development of our Reconciliation Action Plan for Austin Health.

Careers in Health program

Our Aboriginal and Torres Strait Islander Secondary Students Careers in Health Program has been running for three years. A good outcome of the 2016 program has been the ongoing employment of one of the participants as a consumer representative and volunteer with the Ngarra Jarra Program. This student is completing her final year of secondary study and is being mentored by our Aboriginal Liaison Officer. She plans to become a physiotherapist and would like to do clinical placements at Austin Health, if possible. The week-long 2018 Careers in Health Program commenced on 17 September 2017 and is promoted through school and community networks.

Strengthening hospital responses to family violence

The Strengthening Hospital Responses to Family Violence (SHRFV) project focuses on strengthening Austin Health's response to family violence in relation to both patients and staff.

A suite of resources has been developed to help managers support staff who are impacted by family violence, and help first-line clinicians better recognise, respond to and refer for incidents of family violence. The resources are available on our Family Violence internal staff intranet page. During the year, SHRFV educators provided face-to-face training for clinical, non-clinical and management staff.

To support cultural change and awareness within Austin Health, we conducted a range of activities including:

- Grand Rounds – 16 Days of Activism
- Week without Violence
- Law Week.

Child Safe Standards

Our Child Safe Standards project has an established governance structure and comprises a steering group that meets regularly, and working groups that have developed a range of resources required to meet Child Safe Standards.

Policies and procedures that were developed and/or reviewed this year include:

- Child Safe Policy
- Working with Children Check procedure
- Child Safety and Wellbeing – Reportable Conduct Scheme
- Child Safe recruitment information
- Child Safe policy and procedures – Austin Child Care Centre
- Responding to children who are vulnerable, at risk of abuse or neglect, or where abuse and/or neglect is suspected – clinical procedure.

DHHS learning modules are available to all staff through our online learning platform, including:

- Protecting Vulnerable Children online learning (for health professionals)
- Protecting Children - Mandatory Reporting and other obligations for the Early Childhood sector online learning (for Austin Health Child Care employees).

Our research achievements

Austin Health is an internationally recognised centre of excellence in translational research, with particular expertise in cancer, neurosciences, transplantation, heart disease, immunology, endocrinology, sleep disorders and spinal cord injuries. Austin Health LifeSciences brings together leading universities, research institutes and health services, whose work has impact across the world.

The research undertaken at Austin Health is extensive. In 2017-18, the Research Ethics Committees and the Office for Research approved almost 200 new research projects. Our investigators are key opinion leaders in many areas including oncology, immunology and neurology.

Some of our researchers, including Professors Rinaldo Bellomo, Jeannette Milgrom and Christine McDonald, were recognised in the Queen's Birthday Honors.

Prestigious Early Career Fellowship Grants from the National Health and Medical Research Council (NHMRC) were awarded to Dr Eliza Hawkes, Dr Jason Trubiano, Dr Marie Sinclair, Dr Peter DeCruz, Dr Jason Kwong and Dr Ada Cheung.

Professor Philip Peyton and his research team received a \$4.8 million grant from the NHMRC, its largest grant for 2017. (See page 11 for more information about this research.)

To find out more about research at Austin Health please read our Annual Report 2017-18, which is available on our website.



MumSpace

Delivering free online mental health resources where and when they are most needed.

MumSpace is an innovative website helping prevent and treat depression in pregnant women and new mums across Australia.

Up to 20% of pregnant women and new mums in Australia (around 60,000 people) experience significant depression annually. Untreated, it can have devastating impacts on families, relationships and the long-term health and wellbeing of affected women.

The Parent-Infant Research Institute (PIRI) at Austin Health led a consortium of experts to develop MumSpace, which is already delivering outstanding

results, improving access to care, and empowering women to manage their own mental health.

Launched in late 2017, MumSpace contains resources for the prevention and treatment of perinatal depression and anxiety, including world-first online treatment programs, and addresses some of the major challenges in care for perinatal depression. The primary objective was to connect new mums with the emotional support and services they need to manage the challenges of parenthood, in their own time and their own way.

“I didn’t realise that feeling tired, frustrated, tearful and overwhelmed were the signs and symptoms of depression. I just thought I was not coping.

Since getting some help, I recognise these can be part of depression. Now I look at things differently and I feel I will be the mum and partner I want to be.”

– New mum

The perceived stigma of not coping, the struggle to get to appointments, and the limited availability of specialist perinatal psychology services in rural and regional Victoria meant that women were not getting the care they needed.

For women with perinatal depression, uptake of treatment is poor with only 30-40% taking up treatment. Evidence shows that women are often unable or reluctant to seek help, or may not even realise they are suffering from depression. Access to services can be difficult and, for many, prohibitively expensive.

The power of MumSpace is that women can use the tool where and when they need it, regardless of their location. In addition, the MumSpace website, the tools it provides, and the smartphone app are all free, significantly improving access.

Compared with face-to-face mental health care, online mental health treatment provides a platform that has extensive reach and is highly cost effective.

More than 14,000 people have visited the site, with the majority starting with the self-assessment page, which establishes the level of support women need and directs them to the right programs and tools.

Almost 800 women have accessed the two programs available via MumSpace to treat perinatal depression, MumMoodBooster and Mum2bMoodBooster for pregnant women.

4. Statewide plans and statutory requirements

Victorian Cancer Plan (2016-2020)

Austin Health's Olivia Newton-John Cancer Wellness and Research Centre (ONJ Centre) is a comprehensive cancer centre that provides treatment, wellness and research, in partnership with the ONJ Cancer Research Institute.

Our work aligns with the goals of the Victorian Cancer Plan (2016-2020), which focuses on five priority areas:

- primary prevention
- screening and early detection
- treatment
- wellbeing and support
- research.



Wellbeing and support programs

191

programs in sleep and cancer, financial support, spiritual care, diet and nutrition, and advanced care planning delivered

More than

9,000

visitors to the Wellness Centre in 2017-18

Primary prevention

We continue to build on our range of wellness programs to improve staff and patient wellbeing, and potentially prevent a range of lifestyle-related cancers. This includes quitting smoking, healthy food choices and nutrition programs, and physical health programs.

Screening and early detection

Several programs aim to screen and/or detect solid tumours early, either through genetic testing or regular diagnostic testing. These include familial, breast, bowel, hepatocellular (liver), prostate and lung cancers.

Treatment

This year we commenced or completed a number of projects to expand and improve cancer treatment for patients.

- We integrated and expanded the Australian-first Electronic Cancer Management System.
- We established a Haematology Tissue Bank and began routine collection of biospecimens that are invaluable to research and therapy development.
- We expanded the Molecular Haematopathology Service, integrating next-generation sequencing technologies into patient care routines.
- We expanded the Stereotactic Radiotherapy Program to include pancreatic cancer and multiple brain metastases.
- Through an \$8 million grant from the Victorian Government we started developing a program of Magnetic Resonance (MR) Simulation and MR-based radiotherapy treatment to maximise radiation doses to the cancer while minimising radiation to normal tissue.

- We improved our palliative care services by increasing the number of care beds available, which improved access and wait times. We also strengthened links with local community palliative care services to ensure the seamless provision of specialist care for patients transitioning from the community to the inpatient setting, and vice versa.

Wellbeing and support

This year, we introduced new programs in sleep and cancer, financial support, spiritual care, diet and nutrition, and advanced care planning. More than 9,000 people visited the Wellness Centre and we delivered 191 programs.

We actively support partnerships with primary care networks, delivering survivorship placement opportunities for GPs, practice nurses and community allied health clinicians.

Research

We currently have 267 active cancer clinical trials of which 66 are recruiting, and many more research studies across medical oncology, clinical haematology, clinical genetics and psycho-oncology.

Our research programs focus on a broad range of cancer types including lung, haematology, and breast cancers. In the past year, we opened multiple studies that provide our patients with access to the latest cancer drugs and treatments.



We continue to build on our range of wellness programs to improve staff and patient wellbeing, and potentially prevent a range of lifestyle-related cancers.



Contact us

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

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