

care+

AUSTIN HEALTH QUALITY OF CARE REPORT 2013

Stories of patients, staff, carers, families
and our wider community



A healthcare worker, a woman with dark hair tied back, wearing blue scrubs, is leaning over a hospital bed. She is smiling warmly at an elderly male patient who is lying in the bed, wearing glasses. The patient is looking up at her. The healthcare worker is holding a clipboard and a pen. The background consists of light blue patterned curtains. The overall atmosphere is positive and caring.

INTEGRITY
ACCOUNTABILITY
EXCELLENCE
RESPECT



WELCOME

The prestigious Premier's Award for Metropolitan Health Service of the Year is a testament to the drive, commitment and innovation of our staff.

I am pleased to introduce Austin Health's 2013 Quality of Care Report. The report demonstrates our ongoing commitment to the delivery of safe, high quality healthcare and outlines our quality improvement program.

We were thrilled to receive the prestigious Premier's Award for Metropolitan Health Service of the Year in 2012; a testament to the drive, commitment and innovation of staff who continue to deliver outstanding outcomes in healthcare, teaching and research.

Austin Health continues to be a leader in health workforce innovation. During the year, Austin Hospital established the state-wide training program for nurse endoscopists, funded by Health Workforce Australia. There are now four advanced practice nurses in training and one who has completed training. It is particularly pleasing that our Health Assistant in Nursing Program is now being replicated in other health services.

During the year, we completed the full roll-out of the Cerner clinical information system for medication administration. This was a very challenging undertaking for the organisation and places Austin Health as a clear national leader in health IT. Electronic medication administration means that at Austin Health, all aspects of medication are now completed on the computer system:

inpatient prescriptions from doctors; reviews of medication orders and dispensing by pharmacists; as well as medication administration and documentation by nurses using mobile computers at the bedside. Seventy per cent of enrolled nurses at Austin Health are endorsed for patient medication administration and we are already seeing many quality benefits from the new system.

Austin Infectious Diseases Unit continues to be a world leader in the prevention of hospital acquired infections. A major initiative this year has been the roll-out of a new policy to prevent the serious problem of bacterial infection associated with intravenous (IV) infusion lines. We developed and implemented a challenging, evidence-based policy with standardised procedures, equipment and education programs for peripheral IV cannula insertion.

Over 500 nurses and 200 doctors were trained and credentialed in the procedures and infections dramatically decreased from 13 per year to one in 10 months. This approach is likely to be adopted nationally.

We have seen major advances in consumer engagement following the appointment of a new consumer engagement manager and the implementation of a bold new consumer engagement framework. Over twelve hundred staff participated in consumer engagement

training and all patient brochures now undergo a formal endorsement by consumers before their final approval. Consumers work closely with staff on governance committees to provide the community perspective through their active involvement.

In the communications space, Austin Health has developed and implemented a new social media presence in Facebook, Twitter and LinkedIn to better communicate with and engage staff, patients and the wider community. In time, we hope this presence will help foster a more sophisticated two-way communication with our key communities and a genuine dialogue with them. It also provides us with a platform to celebrate the commitment of our staff, the lives and stories of our patients and the achievements witnessed in our organisation every single day.

I hope you enjoy reading our 2013 Quality of Care Report. I would like to thank everyone who has shared their stories and helped prepare this year's report.

A handwritten signature in black ink, reading "B. Murphy".

DR BRENDAN MURPHY
CHIEF EXECUTIVE OFFICER

CAN'T DO IT WITHOUT CONSUMERS

We make our health service better together.

Consumers know what they want in a health service and that is why Austin Health listens to them. Patients and their families provide personal feedback; friends and carers suggest ways the organisation can do things differently; and members of the community, who may take a local interest in Austin Health, can provide useful guidance, advice and input into decision-making. Many people even join Austin Health as volunteers and become a part of the everyday workings of the hospital.

Ania Sieracka, consumer participation support officer, says consumers are engaged right across the organisation from the strategic board level to the community or local level. "As a service provider, we don't know how our service is experienced without feedback. Listening to consumers tells us this. We learn how to improve our service. We learn what is important to consumers and what they want from a health service," she says.

Consumers are invited to participate in forums for special projects such as the redesign of a particular service or the redevelopment of certain areas such as Specialist Clinics at the Heidelberg Repatriation Hospital. Ania says bringing a consumer into the decision-making room ensures a fresh perspective. "Input from consumers ensures that we stop and reflect on issues that we might not have thought of otherwise," she says.

Austin Health makes every effort to report back to consumers on what can or cannot be implemented and what is being worked towards.

'My Say' feedback forms have also been implanted right across the organisation after having been successfully utilized at the Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre for many years. These forms offer an informal way for all consumers to provide Austin Health with their perspectives on the service.

Volunteering is an alternative way for consumers to become involved. Cherished by staff at Austin Health, volunteers offer conversation to patients; emotional support to families; direction to visitors; and extra assistance to staff, to name just a few of their many contributions.

Leonie Mutimer, manager of Volunteer Services, says a typical volunteer is kind and caring. "Volunteers come from all walks of life, with men and women up to 90 years of age all offering their unique contribution," she says. Some volunteers even recently celebrated 50 years of service!

Volunteer roles include guiding visitors and patients; helping nursing staff deliver food and drinks to patients; delivering newspapers; providing emotional support for patients (or their family and friends); and overseeing group activities.

DID YOU KNOW?

Austin Health has nearly
600 volunteers.

Consumers are represented on
ten of Austin Health's most
strategic committees.

Volunteer and consumer representative,
Helen Robertson with an Austin Health patient.

A group of five volunteers, three men and two women, are walking across a crosswalk on a paved road. They are all smiling and looking towards the camera. The man on the far left is wearing a green blazer and black trousers. The woman next to him is wearing a black blazer and black trousers. The woman in the middle is wearing a grey sweater and blue jeans. The woman next to her is wearing a purple blazer and black trousers. The man on the far right is wearing a grey sweater and black trousers. They are all walking in the same direction, from left to right. In the background, there are trees, a brick building, and a clear sky.

OUR VOLUNTEERS

Volunteering is an alternative way for consumers to become involved.

CHRIS COOLLEDGE

Dressed in a green blazer, Chris is instantly recognisable as a guide, assuming his position in the main foyer of Austin Hospital.

Chris meets many patients and knows he is doing something for the community. "When I retired, I wanted to continue doing something positive. This role allows you to help staff, patients and visitors," he says.

LEONIE MUTIMER

Leonie passionately believes in volunteering. "Without our faithful volunteers, we would not be in a position to provide our patients with the same level of care.

Our volunteers are cherished. If you visit Austin Health, you will see them incorporated into so much of the work we do. We are so grateful for them," she says.

HELEN ROBERTSON

Helen loves giving voice to issues of importance to consumers. As a member of Austin Health's Community Advisory Committee — a consumer representative group which works with board members and staff — Helen helps ensure the patient journey through the hospital system is made more comfortable. "The hospital needs support from its community to provide a better service. This is something we can do," she says.

CATHY D'ALTERIO

Volunteering is the way Cathy gives back to the community.

Cathy began her volunteer role on the Neurology Ward at the Austin Hospital in 2012 visiting patients to offer support and company.

Cathy says her time at the Austin Hospital brings her happiness—knowing that she is brightening the day of patients. "It's about making a difference; I like to think I do," she says.

GARRY CHADWICK

For three hours each week, Garry assists people with acquired brain injuries to produce hand-crafted woodwork at the Royal Talbot Rehabilitation Centre.

Garry also teaches SCUBA diving to patients with spinal cord injuries. "Experiencing buoyancy in the water—first, in a rehabilitation pool and later in the sea—patients stretch their limbs and feel mobile in a way that land-based activities can't provide," he says.



FAST FACT

Every morning students from local schools visit the Heidelberg Repatriation Hospital to deliver newspapers.

CARE, COMPASSION AND COMMUNITY: WORKING TOGETHER

The involvement of these students is a symbol that the struggles of the past are acknowledged by present, and hopefully, future generations.

Stroll into the Heidelberg Repatriation Hospital café on a Wednesday morning and the scene is always the same: four Vietnam veterans are sipping coffee and chatting with volunteer students from Ivanhoe Girls' Grammar School.

It is obvious that the veterans—Graeme, Tony, Sid and Rabbit—and students share a special bond. They exchange stories in a warm and engaging way.

The interaction brings the lives of younger and older members of the community together. When Graeme, an ex-school teacher, discovered that student, Kathleen, had been learning to play the trumpet for a number of years, an impromptu audition in the Remembrance Garden sounded throughout the hospital grounds.

After some encouragement, Kathleen played the Last Post and Reveille to 500 people at the hospital's traditional ANZAC Day service. Then, it was realised that her friend Emelia played the violin. Another informal audition in the café saw her recruited for Vietnam Veterans Day.

The Austin Health veterans community has always been a strong one and meet regularly. The traditional gathering place for this close-knit community is the purpose-built Remembrance Garden at Heidelberg Repatriation Hospital. It is a fitting place to remember those who have served for Australia—particularly the many who made the supreme sacrifice and did not return.

Importantly, those still serving are acknowledged. The Ode of Remembrance is often recited and always ends with those familiar, poignant words: **We will remember them, Lest We Forget.**

When the Austin Health community comes together, it is always significant, but this year's Vietnam Veterans Day was even more memorable. The involvement of these committed, interested and talented students, Kathleen and Emelia, was a symbol that the struggles of the past are acknowledged by our present, and hopefully, future generations.



CARING ACROSS CULTURES

Patients who identify themselves as Aboriginal are given culturally appropriate care at Austin Health. But how do we know who our Aboriginal patients are? We start by asking.

In the past, patients coming to major hospitals were often scared to identify themselves as Aboriginal, for fear they would receive inferior treatment. This fear was based on past experiences, which had not always been positive.

Today, Austin Health staff, students and volunteers undertake cultural awareness training so that they can identify patients of Aboriginal or Torres Strait Islander origin and give them culturally appropriate care. The training gives staff the skills and understanding they need to help these patients feel relaxed and safe in the hospital environment.

‘Yarning’ is one such skill—for Aboriginal people, the word means ‘sitting down and having a chat without an agenda’. Yarning requires staff to be present, relaxed and open and to allow for long moments of silence. In a busy, fast-paced hospital, these types of conversations can be challenging; but if staff are to communicate effectively with Aboriginal patients, it is an important skill.

This year, Austin Health’s Aboriginal hospital liaison officer, Suzanne Nelson, presented her unique way of yarning at a number of forums and conferences, including the International Nursing Conference in Melbourne.

The Austin Health Aboriginal Health team passionately strive to provide better outcomes for Aboriginal patients. Suzanne phones patients to help reduce fail-to-attend rates. She visits the homes of patients who have low attendance records and poor medication histories; and she attends the Minajalku women’s group to forge stronger community connections.

Austin Health’s Aboriginal education and project officer, Nathan Leitch, has been working with the Respecting Patient Choices team, consulting widely across Victoria to develop culturally—specific training and resources for the Aboriginal community.

The Aboriginal Health Advisory Committee welcomed new members this year and continues its excellent work on joint initiatives and projects focusing on the provision of continuous care for Aboriginal and Torres Strait Islander patients from pre-admission to discharge and follow-up.

Workers across Austin Health were consulted for the preparation of the Kirreeta Yirramboi Aboriginal Workforce Plan - a strategy to employ one per cent Aboriginal staff by 2015. Both this plan and a new Austin Health Aboriginal Health Policy are due to be ratified by the Austin Health Executive in late 2013.

DARIA’S STORY

Daria’s connection with the Austin Hospital began in childhood, as a young Aboriginal patient.

Pictured with Aboriginal support worker, Suzanne Nelson (left), Daria says Suzanne offers great support. “I used to miss lots of appointments. Now, you get a reminder call the day before your appointment.”

Having applied for a position on the Austin Health Consumer Advisory Committee, Daria is looking forward to providing personal input into how the hospital can better interact with Aboriginal patients.

DID YOU KNOW?

In the Woiwurrung language of the Wurundjeri people, Bunjil is the name given to the creator spirit that comes in the form of the eagle. A small, printed representation of the eagle was created by Austin Health to remind staff of their Aboriginal cultural awareness training.

A PATIENT-CENTRED FOCUS

The Olivia Newton-John Cancer & Wellness Centre is more than a new building. It is a new way of treating people, with patients at the centre of everything we do.

It's been a busy time for the team at the Olivia Newton-John Cancer & Wellness Centre, since the first stage opening in July, 2012.

All of Austin Health's Cancer Services from 11 different buildings have finally moved into this ground-breaking facility to offer leading cancer care and support for generations to come.

In August, three inpatient wards moved into the Centre: oncology, palliative care and haematology, together with the administration staff and the cancer trials centre team. In September, eight surgical beds were transferred into the Centre.

The creation of the Centre is about much more than its modern architectural design.

The staff and project team behind the transition are committed to improving both the patient experience and patient outcomes.

Existing processes have been put under the microscope and challenged. A huge amount of consumer and patient consultation has been undertaken on design development, the treatment experience and even the equipment and furniture selected for the Centre.



A huge amount of consumer and patient consultation has been undertaken on design development, the treatment experience and even the equipment and furniture selected for the Centre.

The Centre’s transition project director, Shane Crowe, says the Centre must meet clinicians’ needs but it must also focus on what a patient finds important. “It is patients who are at the very centre of what we do, so we’ve spent time ensuring that the right processes are in place to deliver patient-centred care,” he says.

To this end, the Centre also features a number of Australian-first technologies which improve patient care by automating and streamlining processes for staff. This reduces the time spent by staff away from the bedside, thereby maximizing the time available for them to focus on patients’ needs.

In the Wellness Centre, the team expanded to 13 to include a cancer information and community engagement officer, a brain tumour support officer, an oncology massage therapist, a medical acupuncturist and a prostate cancer specialist nurse.

The expansion of the health and wellness programs will continue next year to include services such as counselling and an extension to the carers’ program, as well as a continuing focus on diet and exercise. It is all part of the Centre’s commitment to the integration of wellness with clinical cancer care and the provision of effective, evidence-based complementary and supportive therapies to meet the needs of patients affected by cancer and their families.

Q.

How many minutes does it take to transfer a patient from an old ward into the Olivia Newton-John Cancer & Wellness Centre?

A.

Seven



@Mel_Svetic @Austin_Health @olivianj — EVERY single staff member at ONJ is AMAZING, a perfect approach to Oncology. Privileged to be a patient there.





LONG QUEUES A THING OF THE PAST

When Austin Hospital's busy cancer clinics moved into the Olivia Newton-John Cancer & Wellness Centre, staff and patients noticed that the waiting area was smaller.

Patients arriving at the Olivia Newton-John Cancer & Wellness Centre for an appointment now use touch screen kiosks to check themselves in—avoiding long queues and waiting times.

This new system, designed in response to consumer feedback, has cut waiting times and also improved the patient experience. When patients swipe their DVA or Medicare card, the computer software confirms their appointment and checks them into the hospital's system.

A new Wi-Fi paging system extends to the boundaries of the hospital buildings, allowing patients to wander the hospital with a mobile pager rather than being confined to a waiting room. Patients can sit in a place that suits them—the more relaxed atmosphere of the café, The Wellness Centre or the Info Lounge, and their pager will alert them when their appointment time has arrived.

Shane Crowe, project director of the Olivia Newton-John Cancer & Wellness Centre transition, says patients find lining up at reception each time they attend the Centre,

only to be asked the same identification questions, an unnecessary stress and frustration. "One clinic's waiting times have reduced from around 90 minutes down to five. The success is a combination of this new technology with more effective clinic scheduling," he says.

The changes have also been positive for reception staff who are less busy and stressed, and who therefore have more time to spend with the patients who might need to, or prefer the traditional check-in process.

Shane says a traditional waiting room in a public hospital seeing high numbers of patients, like the Olivia Newton-John Cancer & WellnessCentre, might have up to 100 seats. "Our waiting room has just seventeen. Coming to hospital can be stressful for patients and families. By making the process easier and more personal—by making patients feel they are known by hospital staff and expected at each appointment—we can give our patients a more positive experience."

THE ART OF HEALTHCARE

What do the arts have to do with healthcare?



Live performances and creative writing will become part of the day-to-day practice of the Olivia Newton-John Cancer & Wellness Centre in a new vision to embed the arts into the work of the Centre.

Yarning Around was the first arts project launched in the Centre—an activity that brought people together to knit and crochet while waiting for treatment.

Patients, visitors and volunteers connected and relaxed in the waiting areas while creating all manner of colourful knitted treasures—knitted squares that were combined into blankets for homeless people and for babies and even art installations for the wider community.

Molly Carlile, manager of Arts in Healthcare, says these types of arts projects create a safe space for engagement. “It produces a waiting area that seems to belong to the people who use it. It provides an opportunity for people to share their experiences and support each other. Patients talk to each other while knitting; they share their skills and their stories in a way that has a positive and empowering outcome for them, and their carers.”

DID YOU KNOW?

Hundreds of shapes have been produced at Austin Health for a large installation at the Royal Melbourne Show.

A SAFE ENVIRONMENT FOR STAFF, PATIENTS AND VISITORS

FAST FACT

When asked to rate their units on patient safety, 85 per cent of staff responded either 'excellent' or 'very good' compared with 71 per cent the previous year.

Austin Health's clinical governance ensures a safe environment for staff, patients and visitors.

Clinical governance is the systems, structures and processes which ensure Austin Health delivers safe and quality care.

Clinical governance exists throughout every facet of the workings of Austin Health. It can be found in the organisation's policies, procedures and rules; in the committees responsible for reviewing particular quality and safety issues; in key performance indicators; or in the regular monitoring of data, to highlight just a few examples.

Austin Health is committed to ensuring the highest standard of clinical governance. To this end, during the past 12 months, Austin Health has undertaken a number of new initiatives. Some of these include:

- › The implementation of a bedside audit tool which audits key aspects of the patient journey in order to ensure that care is delivered in a systematic, streamlined way across all areas of the hospital;
- › The implementation of a mechanism to capture Medical Emergency Team call information in real time. The automation of related indicators and data suites enables staff to help drive change with greater efficiency;
- › The development of a suite of quality and safety education training programs for staff;
- › The appointment of numerous consumer representatives to key committees across Austin Health;
- › Inclusion of additional indicators in the Austin Health clinical indicator suite to improve reporting and transparency of data at an executive and board level.

This year, Austin Health held a well-attended Patient Safety Forum, at which key leaders from across the organisation explored the issues associated with delivering patient-centred care.

Austin Health also conducted the organisation's fourth Patient Safety Climate survey which measured the perceptions of staff. Attracting over 1,000 responses, staff nominated teamwork within units as a key strength; along with supervisor and manager expectation and actions that promoted patient safety.

Significantly, the Victorian Managed Insurance Authority undertook a detailed review of the organisation's Risk Management Framework this year and assessed Austin Health very positively— describing it as having a "mature" system.



@fionalander Amazing efforts by Richard Newton to reduce seclusion rates at @Austin_Health psychiatric unit #health #psychiatry



AUSTIN'S NATIONAL LEAD ON PATIENT DETERIORATION

Austin Hospital is leading the nation-wide implementation of a new system designed to improve patient outcomes.

Over a decade ago, Austin Hospital introduced a Medical Emergency Team to respond to deteriorating patients in hospital. Within years, the same model was introduced in hospitals both nationally and internationally. Now, Austin Hospital staff are leading the nation-wide implementation of a new system that seeks to further improve patient outcomes.

Intensive Care Unit consultant, A/Prof Daryl Jones says, responding to deteriorating patients in hospital involves a system that has been shaped over forty years. "A deteriorating patient is someone who is getting sicker in hospital and is heading towards a likely cardiac arrest. The earlier you can detect the deterioration and correct it, the better the survival outcomes," he says.

At the Austin Hospital, it was Professor Rinaldo Bellomo's controlled comparison of patient care with and without rapid response teams that demonstrated the value in the medical emergency teams (MET). METs are composed of an intensive care, general medicine or emergency medicine registrar, and a critical care nurse who immediately respond to a patient showing signs of deterioration. Ward staff know when to call MET by applying semi-objective criteria. The introduction of the teams decreased cardiac arrest by 66 per cent at the Austin Hospital.

Despite the success of MET, Daryl says there is the potential to do even better than the current system allows. "Patients develop deterioration before the MET is called and it is therefore, a reactive solution. We want to step in even earlier, by looking out for much earlier signs," he says.

The introduction of medical emergency teams decreased cardiac arrest by 66 per cent at the Austin Hospital. Now, we are working on a system that will do even better.

Nationally, the Australian Commission on Safety and Quality in Health Care agrees. It is driving change in this area with a revised standard released in 2011—Recognising and Responding to Clinical Deterioration in Acute Health Care.

Austin Hospital staff have contributed to the drafting of the consensus statement and provided advice on the national standard. Now, there is a nation-wide expectation that all hospitals must recognise a patient’s deterioration much sooner. It is not simply the aspiration of a small handful of expert clinicians and researchers; it is now a national standard that must be achieved by all hospitals in order to achieve accreditation.

However, the big challenge in addressing this issue is that it involves sweeping change. At Austin Health, a Deteriorating Patient Steering committee was established to oversee quality improvement initiatives across the Austin Hospital, the Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre; initiatives which are already producing promising results. In the mental health precinct, there has been an eighty per cent reduction in the number of patients being transferred back into the acute hospital setting due to deterioration. At the Heidelberg Repatriation Hospital, the number has been reduced by fifty per cent.

Daryl says empowering parent units to respond and provide earlier management to deteriorating patients, rather than needing to call MET, is the key change. “In the past, the parent unit called for MET when they noticed a patient deteriorating. Now, we are asking

parent units and ward staff to watch for much earlier signs of deterioration. It sounds like a simple change but it is not. It involves education and training in how to identify deterioration; what to look for and how to respond. It is a shift in thinking and focus,” he says.

There have been numerous policies implemented to this end. Austin Hospital is the first hospital in Australia to introduce a process called an ‘Urgent Clinical Review’. It is designed to ensure clinical deterioration is recognised and responded to earlier. Resuscitation coordinator, Dr Karen Mardegan, says staff use vital signs charts and specific triggering criteria for guidance at the bedside. “Changes to policies around vital signs and escalation of care have all made a difference. We have developed many different ways to train and support staff so that they develop a greater level of confidence in identifying and managing the patient’s deterioration,” she says.

Dr Juli Moran, director of Palliative Care, says it is also very important to teach staff to recognise when a patient is dying, rather than having an acute reversible event. “In hospitals, we have a culture of cure. Everything that can be done for patients should be done. Yet, staff must be able to recognise when a patient is reaching the end of his or her life and support the patient in the process. We want to ensure we are respectful to patients and their loved ones to give them the best possible experience. We’ve led the way in this response, developing a comprehensive model for end of life care planning in hospital,” she says.





Q.

How many blood donations are required by Australians every week?

A.

27,000

HOW YOU CAN HELP

Australian Red Cross Blood Service

www.donateblood.com.au

GETTING BLOOD FAST

A red phone in the Pathology Department rings—a dedicated hotline set up to quickly communicate to Blood Bank staff that there is an immediate need for blood. It is all hands on deck.

When patients need blood urgently, there is not a moment to waste. Staff at the Austin Health Blood Bank move quickly to deliver blood and save lives.

A red phone in the Pathology Department rings—a dedicated hotline set up to quickly communicate to Blood Bank staff that there is an immediate need for blood. It is all hands on deck.

It might be a patient with a critical bleed in the Intensive Care Unit or in the Emergency Department or it might be a minor operation that has gone wrong. The need for a massive blood transfusion could happen at any time. Sometimes staff might receive warning; at other times they don't.

Kerry Skinner, nurse unit manager of Anaesthesia says improving the process involved in getting large quantities of blood to these patients as quickly as possible is crucial. "Timing is everything. The communication between Blood Bank and theatre can't miss a beat," she says.

Aiming to inject a greater sense of urgency and clarity into the system, a dedicated phone line was established and a red phone in Pathology was also set up. New protocols were also developed by Austin Health staff to ensure the most efficient and targeted response to a patient needing blood urgently and to clarify individual and team roles and responsibilities.

Now, when the red phone rings in Pathology once or twice per month, this desired sense

of urgency is achieved. A senior staff member answers the phone and knows before even asking, that the new Massive Transfusion Protocol (MTP) is being activated.

Laboratory haematologist, Frank Hong says once the MTP is activated, a series of communication channels open up at once and there is a clear line of command. Different areas of the laboratory immediately respond. "In the Blood Bank, the scientists get the blood ready. Other areas of the laboratory are notified such as the Central Specimen Reception, Haematology and Coagulation. All the samples from this particular patient with the urgent need for blood will be prioritised," he says.

The scientists immediately check to ensure sufficient blood stock is on hand. If it is not, the Australian Red Cross Blood Service is immediately contacted to obtain more.

Frank says the new process puts everyone on the same page. "A key difference in this process is that it involves a formal announcement that a massive blood transfusion is taking place. In the past, Blood Bank scientists would only realise they had such a scenario on their hands because they would be issuing out four or five units of blood in a very short amount of time. We would eventually realise what was going on. Now, there is no doubt about it. We are formally advised, we know what is going on and we can prioritise samples in our laboratory accordingly," he says.



@kimstephens_bt Fantastic to see the @Austin_Health staff on Four Corners. First class hospital doing wonderful things.

ALMOST ZERO CHANCE FOR BUGS

The chance of developing an intravenous line infection at Austin Health is now almost zero, putting the hospital at the forefront of infection control.

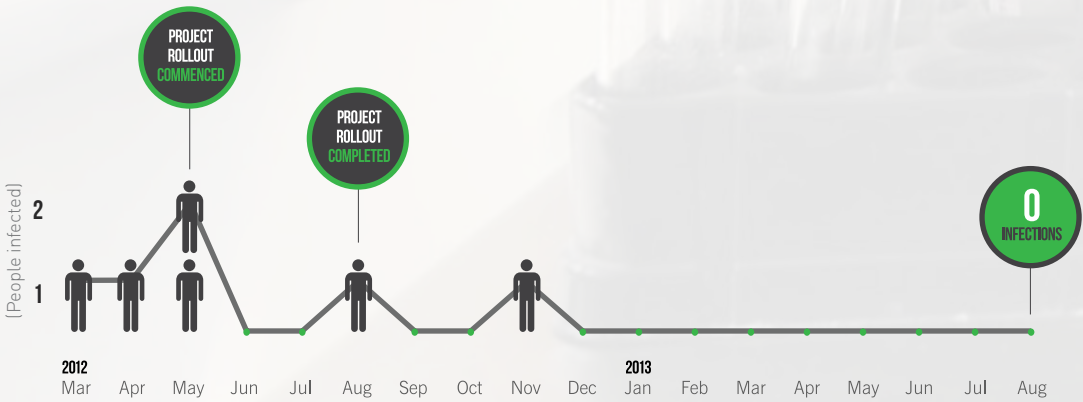
In medicine, the peripheral intravenous line (IV) is the most widely used method of drawing blood or administering medication to a patient but unfortunately it is also a common cause of the infection known as ‘golden staph’.

At Austin Health, the numbers of patients acquiring such infections has reduced from 13 per year to only one in eleven months, after determined investigative efforts by staff and the development of a comprehensive plan to ‘beat the bug’.

Manager of Infection Control, Donna Cameron, says her team reviewed hospital practices and discovered ways to make significant improvements. “Our investigations made it clear that we needed to address a number of different problems. First, different wards were using different procedures; along with different antiseptics and varied equipment. Second, IVs weren’t being dated, so it was difficult for staff to know how long they’d been in for. If you leave IVs in for more than 72 hours, they become an infection risk,” she said.

The team distilled six different methodologies into a single improved process. They produced a single standard peripheral IV insertion pack including bright stickers for staff to record dates clearly. They also developed a new evidence-based procedure for inserting and maintaining IV lines. Over 500 nurses and 200 doctors were trained and credentialed in the procedures.

Donna says the project has had a huge impact on the health and wellbeing of patients. “These efforts have reduced infection rates at the hospital enormously. Given the success at Austin Health and the development of a whole package of procedures, education and other resources, the program is now ready for adoption right across Australia,” she says.

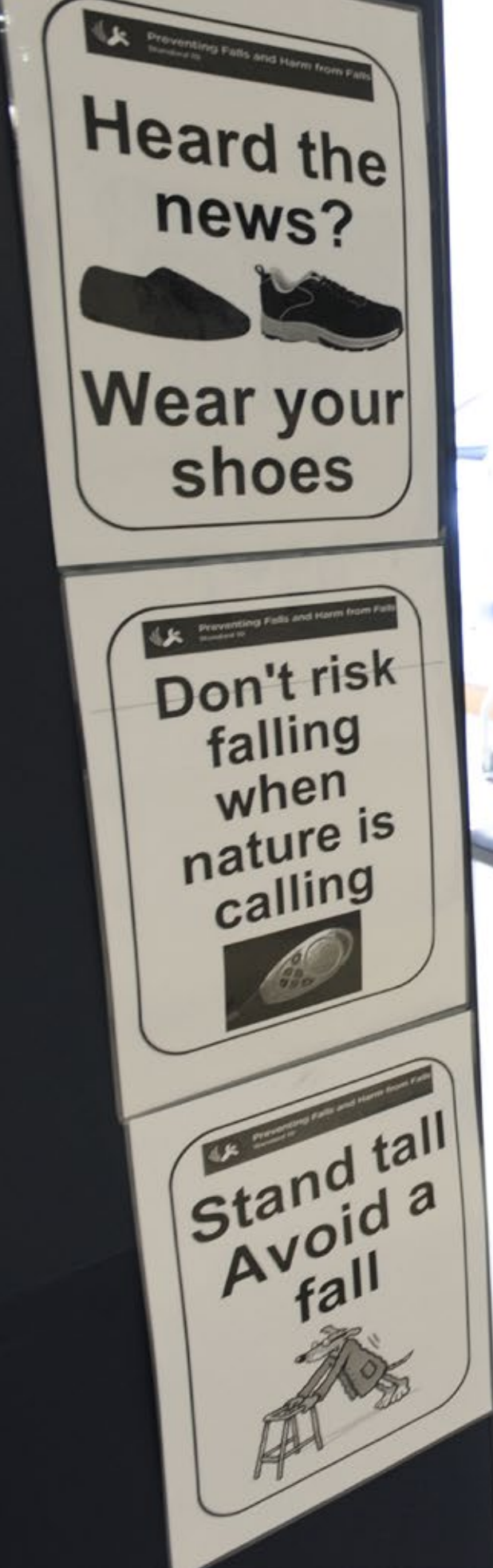


18 MONTHS PERIPHERAL LINE RELATED AUSAB DATA
MARCH '12-AUG '13

DID YOU KNOW?

Austin Health’s hand hygiene program was rolled out nationally after it cut the rate of overall SAB infections at Austin Health by 50 per cent.





DON'T RISK FALLING WHEN NATURE IS CALLING!

Staff on Ward 8 North have shown what can be achieved with effort and imagination.

The rate of falls on Ward 8 North has been reduced by 60 per cent in three years after focused efforts by staff and the development of an imaginative communications campaign.

Staff created three catchy slogans to engage patients and visitors on a ward where patients have a particularly high risk of falling. Printed on laminated posters, the slogans have been accompanied by significant efforts in staff training and education to reduce falls.

Nurse unit manager, Rebecca Monger, says her patients have a high risk of falling. “We are an orthopaedic and plastics ward. Many of our patients are elderly and have broken bones. A fall might be the very reason they are with us. Patients might have osteoporosis or delirium. The patient might not realise that he or she cannot walk,” she says.

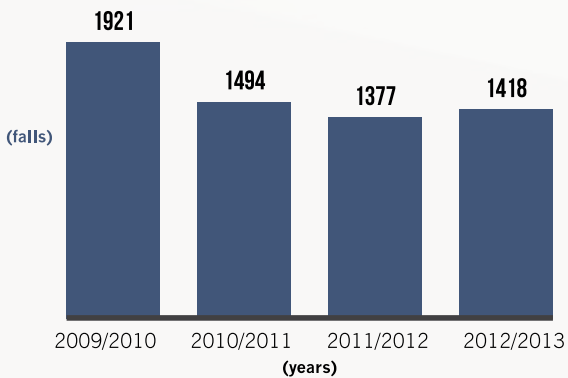
Aiming to be ‘champions’ in falls reduction, staff on Ward 8 North have shown what can be achieved with effort and imagination. Their slogans, ‘Have you heard the news? Wear your shoes’ and ‘Just call—avoid a fall!’ are engaging and memorable.

Rebecca says staff on Ward 8 North will continue to look for ways to help patients

avoid falling. “Beds that can be lowered to the floor were introduced so we can nurse a patient almost at floor level. We have mats next to some beds. Staff have been trained in delirium and falls management and so have our health assistants who can also keep closer supervision on patients who have had a fall or are at very high risk,” she says.

Additionally, patient rounding has also helped, says Rebecca, because it ensures nurses visit patients proactively at least every hour. “Patient rounding works really well on this ward. The nurse talks to the patient at least every hour. Falls risks can be identified and steps can be taken to reduce the risk,” she says.

FAST FACT
The average number of falls on ward 8 North over the past 12 months has been less than four per month.



FALLS AT AUSTIN HEALTH

TRAFFIC LIGHT SYSTEM DIRECTS STAFF ON FASTING

Patients having surgery are often required to fast beforehand. But what if a patient needs to take medication?

Research at Austin Health and internationally shows that staff confusion about patient fasting requirements can lead to medication errors, putting patients at risk.

As a result, Austin Hospital is piloting a new project to make fasting for surgery safer for patients on medications.

Austin Hospital pharmacist, Phung To says patients who take regular medications have more than twice the risk of complications related to their medications following surgery and that the rate increases as time without their regular medications passes. “We know sometimes there’s confusion amongst hospital staff and that leads to errors,” she says.

In most cases, patients who are simply ‘fasting’ before a procedure or surgery can (and should) continue to take medications with a small sip of water, while those who are ‘nil-by-mouth’ mustn’t consume anything orally at all, including medication. They can, however, be given medications a different way—such as intravenously or through a skin patch if these forms of the drug are available.

Phung is piloting a range of measures in the Austin Hospital’s orthopaedic ward, to try to minimise confusion and the risk of errors.

“We’ve used a traffic light system to ensure that bedside signs are really clear. A red sign means nil-by-mouth and nothing should be given orally, including medications. A green sign means fasting before a procedure and medications should be given unless advised otherwise. An amber sign means be cautious and check the patient’s notes or ask for advice. We also held a lot of education sessions and in-services for staff,” Phung said.

The pilot has been running for 11 months, with six months of data collection still to analyse. However, the results collected so far have given Phung cause for optimism. “At this point, we’ve almost halved the rate of unnecessarily missed medications. If the pilot’s successful, we’ll look at rolling the program out across our hospital network,” she says.

GIVING ORAL MEDICATIONS WHEN ORALLY RESTRICTED



Nil by mouth

Do not give anything via mouth, including oral medications



Restricted oral intake

Check history before giving food/fluid or oral medication



Fasting

Give all oral medications unless advised by doctor or pharmacist

When fasting – give patients oral med;
If Nil By Mouth – use different route instead

Check medical orders or with unit if unsure!

DID YOU KNOW?

Patients on medications are 2.7 times more likely to experience complications related to their medications post-surgery.

DID YOU KNOW?

Some medications should not be crushed – it can make them ineffective or even harmful. Always check first!



Left to right: Charissa Omsky (speech pathologist), Kristy McMurray (TRAMS nurse), Prue Gregson (speech pathologist), James Ward (respiratory physician), Jack Ross (physiotherapist), Quevy Vu (TRAMS nurse); front – George Koukouvaos.

THE SPECIALIST TEAM WORKING WITH GEORGE

This is the story of George and all the people who worked together to get him home.

In November 2011, George was 34 years old with two young sons. He was admitted to the Austin Hospital Intensive Care Unit (ICU) with swelling on his brain, following a brain operation.

George was well known to Austin staff from his previous hospital visits but this time was different. George required a tracheostomy tube in his neck—an artificial airway that can be connected to a ventilator to help a patient breathe. George was so unwell that he remained in the ICU for over a month.

This is the story of George and all the people who worked together to get him home. It is a story that involves family, carers and staff from many different parts of Austin Health all working with a specialist team of doctors, nurses, speech pathologists and physiotherapists who make up the Tracheostomy Review and Management Service (TRAMS), a team of staff who care for patients who have tracheostomy tubes. The team is recognised as a global leader in tracheostomy care. Twenty other centres both nationally and internationally have implemented a service based on the Austin Health TRAMS program.

The TRAMS team supported George every step of the journey through the Austin Hospital and the Royal Talbot Rehabilitation

Centre. With the team by his side, George became stronger; he began eating and his speech was easier to understand. He began to set his sights on returning home but managing a tracheostomy tube at home would be challenging and everyone needed to be confident that he, his wife and other family members and carers could look after him safely.

Fourteen months after his initial admission to Austin Hospital, with his tracheostomy still in place, George returned home to his young family. He has not been readmitted since. This is a superb accomplishment and one which could not have been possible without the TRAMS team, the many staff involved in George's care across different wards at the Austin Hospital and the Royal Talbot Rehabilitation Centre, and of course, his supportive family and loving wife, Felicia who has been the driving force behind getting him home.

Against all odds, and with the help of his strong team of specialists, George continues to make improvements. One day, everyone hopes George will be well enough to have his tube removed but for now, just being home with his family is a wonderful testimony to the collaborative effort of so many people who have been, and will continue to be, involved in his care.



George’s journey shows how the people from different departments all work together to deliver the best possible care for patients.

TRAMS NURSE

Our staff had the right skills and equipment to look after George and to help him transition back into the community. We continually monitored George’s progress, assessed his tracheostomy to ensure it was working properly and educated him and his family about how to care for the tracheostomy.

TRAMS DOCTOR

The unique aspect of the TRAMS service is that the same team follows the patient from acute care, through rehabilitation and back into the home. George’s journey back into the community was made safe and possible with this support. The team worked closely with George, his numerous medical teams and his family.

INTENSIVE CARE UNIT

George’s needs were complex and his progress gradual. His ICU team worked with TRAMS to reduce the level of support George required so that he could move to the ward and start rehabilitation. Staff had constant communication with his wife, Felicia, whose support was important to his recovery.

WARD 6 WEST AUSTIN HOSPITAL

Caring for patients like George, who have complex medical needs, is a team effort that requires excellent communication. As George improved, the plan for his treatment changed. These changes needed to be well communicated not only between staff but also to George and his family. Staff also did all they could to help George communicate as effectively as possible with his family.

SPEECH PATHOLOGISTS

We assessed and managed George’s communication and swallowing issues throughout his journey allowing him to eventually eat, drink and speak again. For George to be able to speak with a tracheostomy, we provided him with a speaking valve which allowed him to communicate more easily.

MELLOR WARD ROYAL TALBOT REHABILITATION CENTRE

Our major goal was to provide George with rehabilitation in order to maximise his independence so that he could return home. George’s wife, Felicia was an enormous advocate for him during his stay and supported the staff to provide George with every opportunity to become independent.

EMPOWERING PATIENTS WITH HOME DIALYSIS

Dialysis at home instead of in hospital empowers patients by giving them greater control over their treatment.

Austin Health's Renal Unit plans to triple the number of patients who receive dialysis at home for the treatment of chronic kidney disease (CKD).

Boosting this number from 16 to 50 per cent will give patients greater flexibility and control over their treatment instead of needing them to fit into a rigid hospital schedule.

CKD patient pathway coordinator, Katherine Cherry, says the reasons more patients are not currently dialysing at home are varied. "Some patients don't feel confident using the dialysis machine by themselves. Others lack the manual dexterity or eyesight to do so," she says.

Two new projects funded by the Department of Health will help increase the numbers.

The first of the initiatives involves training 36 Royal District Nursing Service (RDNS) nurses to physically support people to receive automated peritoneal dialysis (APD) in the comfort of their own homes.

APD is the easiest form of dialysis to learn—giving patients the option of dialysing overnight and minimising disruption to their work and lifestyles. "Hopefully, having support from these nurses will see more people choose to receive APD at home," Katherine says.

The second part of the initiative focuses on how patients can overcome the barriers they encounter to all types of home dialysis.

According to manager of Renal Medicine, Allyson Manley, it's about challenging preconceptions patients may have about home dialysis and showing them the benefits.

Ms Manley describes daily dialysis as a gentler option that more closely mimics the work of the natural kidney and reduces the build-up of waste between sessions.

"It's like the difference between changing your socks three times a week or having a fresh pair to put on every day," she says.

DID YOU KNOW?

Because of Australia's low rate of organ donation, patients usually undergo dialysis for 4 to 7 years waiting for a transplant.

ANOTHER PRESTIGIOUS INTERNATIONAL AWARD FOR PROFESSOR EGO SEEMAN

The latest award for the dedicated professor in an impressive career spanning 30 years and over 300 publications.

It's not the first time Professor Ego Seeman has changed the direction of global thinking in osteoporosis research. Back in 1989, the Professor became the first to demonstrate a childhood origin to osteoporosis, after his extensive research revealed that the daughters of women with osteoporosis also had reduced bone mass.

The news turned heads in global osteoporosis research circles, who for more than 50 years had been limiting their own research to bones of the elderly. Inspired by Professor Seeman, they directed new attention to bone growth and development during the first 20 years of life.

Professor Seeman's ground-breaking work continued to challenge existing thinking and when his student, Roger Zebaze, observed that the majority of bone loss appeared to be in the cortical, rather than the trabecular bone, the thinking of global specialists was flipped again. Until then, the spongier and naturally porous trabecular bone had been the focus of around 80 per cent of researchers. As an alternative, Professor Seeman and his keen student had discovered that it was actually the compact outer shell, known as cortical bone, where the most bone mass loss was taking place.

Earlier this year, Professor Seeman was flown to Japan to be honoured for these achievements—

accepting the prestigious John G Haddad Award from the International Bone and Mineral Society at their international meeting.

For the dedicated Professor, it is the latest in a swag of awards during an impressive research career that spans more than 30 years and more than 300 publications.

Professor Seeman was one of only seven investigators from outside the USA to have been awarded the American Society of Bone Mineral Research's Fred C. Bartter Award (2002), and the International Osteoporosis Foundation Medal of Achievement for Outstanding Investigation in Osteoporosis Research (2009).

While these acknowledgments from his professional peers are clearly important, it is the innovative thinking in his students and the discoveries of his research team that really fuel his motivation.

The Professor thrives on finding and mentoring some of the brightest young minds in the field of endocrinology—attracting students of the highest calibre from all over the world. This, he says, will be his most enduring achievement and legacy and the one that will ultimately benefit sufferers of osteoporosis for generations to come as further advances continue to be made.



DID YOU KNOW?

One of Ego's mentees, Roger Zebaze, came to Austin Health from Cameroon in Africa and is now a multi-award winning recipient in osteoporosis.



WORLD-FIRST TRIAL GETS PATIENT HOME

A world-first initiative by a multi-disciplinary Austin Health team will potentially offer an alternative to hospital-based care for some patients.

Ken Holt's connection to the Austin Hospital had been a long one. As a liver transplant patient, his acute, ongoing care has been challenging—affecting his own life and the life of his sole carer wife, whose time has been regularly interrupted by the need to transport her husband to and from Austin Hospital.

Now, a unique collaboration between different Austin Health departments and staff has changed all that.

Through careful communication of the Mr Holt's needs, as well as comprehensive trials and training, Mr Holt has become the first patient in the world to have Terlipressin administered outside the acute hospital setting.

Terlipressin is a drug that helps the kidney function and avoids the need for patients with liver disease to receive dialysis. Historically, Terlipressin could only be administered to inpatients. These patients would sometimes spend up to two months in hospital receiving the drug.

Austin Health staff decided to undertake a trial to see if patients with HRS could be treated at home. The success of such a trial would dramatically decrease the stressful interruption of continual readmission to hospital and bring a dramatic improvement to the quality of patients' lives, as a result. It would also free hospital beds for other patients.

Collaborative communication was critical to the planning and preparation of the trial. From a pharmacy perspective, careful analysis of both the delivery and stability of the drug was vital. Particularly, it was important to assess whether the unregulated temperature of the home environment would compromise the efficacy of the drug.

After a comprehensive two-week trial, it was found that the patient could be successfully managed in his own home. This was a marvellous outcome. Austin Health now has the care plans and treatment protocols and trained staff to implement this initiative on an ongoing basis. With an estimated thirty patients as potential candidates for this program, up to 300 inpatient bed days per year may be freed for new patients.

The trial will now be replicated in the United States of America to more definitively test and demonstrate the stability of the drug solution at temperatures experienced in the home environment.

Ward 8 nurse unit manager, Greg Rumler described the Terlipressin trial as a potential game-changer for some of the sickest liver patients. "This potentially paves the way for a new generation of similarly acute patients to receive the emotional and physical benefits of receiving treatment in their home environment."

Q.

Which Victorian hospital specializes in liver transplants?

A.

The Austin Hospital



@MissBaileyWolf And a massive thanks to @Austin_Health and Bob Jones for exquisite liver transplant surgery. @janecat60 @Colvinus @carolduncan

ADAPTING TO RESIDENTS' CHANGING NEEDS

How do you look after aged care residents whose needs are becoming more complex?



Terry Bainbridge (resident)
with Peta Verrocchi (lifestyle assistant).

The past year at Darley House has been shaped by one question: how can you best look after older people who need more specialised care? This question poses a challenge to many aged care facilities, as our population ages.

Nurse unit manager, Genevieve Jepsen says the solution is multi-faceted. “Many patients are coming directly from acute wards. Most of our staff are already registered nurses so we are uniquely positioned to respond. However, we are always looking for ways to up-skill our staff so that they are confident in providing care for very frail patients. They also need to know how to use new, specialised equipment. So, training and education is one important part of the solution,” she says.

Additionally, the team has strongly focused on consumer engagement. Feedback from residents and their families has driven decision-making. Lounge spaces in the residents’ rooms have been redeveloped so that they are more family friendly; providing quieter and more peaceful areas now for residents. Genevieve says this was an important change. “Our residents and their families felt they needed more areas to relax and so these spaces will hopefully provide that,” she says.

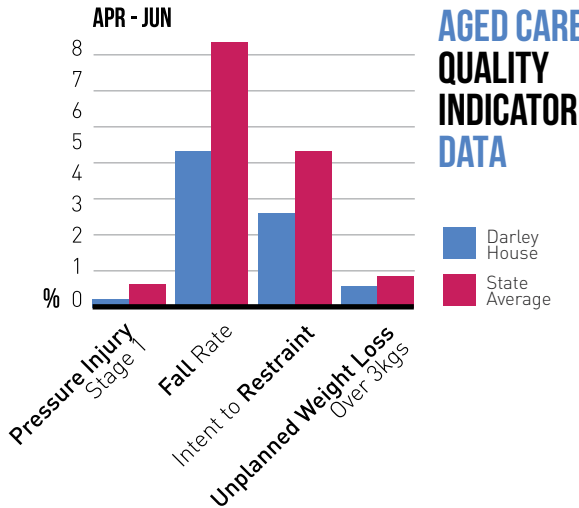
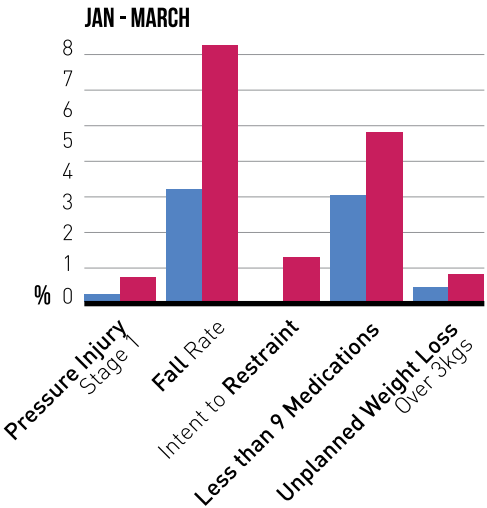
Consumer engagement has also driven the introduction of significant changes to food packaging. Genevieve says that cling wrap, for example, can be very tricky for some older people to open. “Families told us even they were having difficulty with it! We engaged Austin

Health Food Services and came up with a whole range of packaging solutions,” she says.

The switch was made from cling-wrapped bread to slices stored in easy-to-open plastic bags, as well as the move from peel-back milk and juice containers to ones with screw-tops; simple changes that have made life easier for residents and their families.

Darley House has also reviewed its activity program. Genevieve says many older residents are not able to participate in bingo, as they once would have. “We have developed a more person-centred approach to suit older residents. We purchased iPads and spent time placing residents’ photos on them. We have downloaded pictures from their homes too. For example, if a resident is from England, we would incorporate pictures from where they lived. We use Google map to show the resident aerial views of their homes. Residents really love this. We’ve also introduced small, local outings in which we venture beyond the hospital grounds to a French bakery or to an art exhibition,” she says.

A thriving social program with local schools continues to benefit the residents. Students visit the residents a number of times per week. They assist the residents with feeding; they talk to them and even play live music for them. Genevieve says the students’ visits create a wonderful atmosphere for the residents. “These continue to be important interactions for the residents throughout the students’ five-week community service placements,” she says.





Dorothy Williams
and Jane Lyell
(former patients)



@disabilityspr Round three of Protect Victorian Wheelchair
Rugby League at Royal Talbot. Plenty of spills. @Austin_Health

LEISURE BRINGS POSSIBILITIES FOR PATIENTS

How would you continue to lead your life if you acquired a disability through injury or illness?

Many patients who acquire a disability are initially overwhelmed by a loss of identity and confidence, but a team of people at the Royal Talbot Rehabilitation Centre is committed to helping patients reach their full potential again.

Sal Dema, manager of Community Integration and Leisure Services (CILS), says his team helps patients rebuild their lives and participate in meaningful activity. “Most patients with whom we work have never contemplated life with a disability. The risk is that these patients will return home and become completely isolated. We work with patients to reduce that risk by creating opportunities for them and exploring options with them,” Sal says.

The team undertakes supported community outings to demonstrate to patients and their families that the challenges involved in living with an acquired disability can be overcome. They demonstrate to patients how to navigate the city in a wheelchair, for example. The team also seek to identify what is important to patients; what interests them; and they then encourage patients to engage in those activities. Sal says re-engaging patients in their favourite leisure activities can unlock a renewed sense of belonging, achievement and personal satisfaction. “We assess what patients can still do, what can be done with modification and if these activities are no longer accessible to them, what else they might do that would bring similar benefits,” Sal says.

Participating in these activities helps maintain patients’ social skills, develop friendships and personal connections through shared experiences and it also has the potential to restore patients’ sense of confidence and belonging.

There are countless stories of patients being supported in this way. Dot and Jane developed a strong friendship when the CILS team introduced them, having noticed their similarities. Both women lived in the same suburb and shared a passion for craft. Dot was in her 60s, recovering from a stroke; Jane was in her 50s and had suffered a brain tumour.

The CILS team sourced a volunteer to transport Dot and Jane together to a weekly knitting group and reintroduced them to the local swimming pool as both ladies had a love for the water. Jane was also introduced to a supervised gym group that she attended independently.

Mara Ferraro, assistant manager of CILS says the women’s friendship and the activities they shared brought them great joy. “Jane went from someone who walked everywhere with a stick or frame and six months down the track, the class has improved her balance to the point where she no longer needs the stick,” Mara says.

AUSTIN HEALTH HOME TO GARDENING AUSTRALIA'S GARDENER OF THE YEAR!

Austin Health's Steven Wells, gardens and grounds project officer, was voted Gardening Australia's 'Gardener of the Year' in 2012 for making a positive difference to the lives of others through gardening.

Steven, who is affectionately dubbed Austin Health's, 'Don Burke', was recognised in particular for his work on the sensory and therapeutic garden at the Royal Talbot Rehabilitation Centre where he works as a nurse and horticultural therapist.

Developed over 10 years and funded by donations, the garden's design incorporates communal and private spaces, artistic elements, a nursery and a hothouse. A wide variety of native and exotic plants have been blended together to create a rich tapestry of colours and textures. Plants survive on rainfall with no irrigation or tanks. The garden is designed for low water use and low maintenance.

Raised on his family's orange orchard and market garden, Steven loved gardening from an early age. He has created his dream job by combining his work at Austin Health as a nurse with horticultural therapy; connecting people with plants for their health and benefit.

He has established a horticultural therapy program at the Royal Talbot Rehabilitation Centre that incorporating gardening activities for patients recovering from brain, spinal cord or orthopaedic injury, amputations or strokes.

Most recently, he has designed outdoor balcony spaces for palliative care and acute cancer patients at the Olivia Newton-John Cancer & Wellness Centre.

Steven says he feels humbled by the award. "It is great validation for what I've been working towards with the gardens at the Royal Talbot Rehabilitation Centre."

Q.

How many plants have been planted at Austin Health since 2010?

A.

Three thousand



COMMUNICATING WITH OUR DIVERSE PATIENT COMMUNITY

Participation occurs when consumers are meaningfully involved in Austin Health's decision making. It is about working together to achieve the best possible outcomes for patients.

The Cultural Diversity Unit supports staff in the provision of culturally respectful and responsive care to consumers regardless of language or cultural background through: The Cultural Responsiveness Plan 2010-13; the Ngarra Jarra Aboriginal Health Program for Aboriginal and Torres Strait Islanders; and through the provision of Language Services.

The Department of Health's Cultural Responsiveness Framework 2009 requires Austin Health to report its performance against the following standards:

STANDARD 1

A whole of organisation approach to cultural responsiveness is demonstrated.

- › More staff and volunteers have requested training in Cultural Responsiveness and Working with Interpreters;
- › There has been renewed interest in encouraging Culturally and Linguistically Diverse (CALD) consumers to join governance committees;
- › The Cultural Diversity Unit represented the interests of CALD consumers on various Austin Health governance committees and at the Victorian Hospital Diversity Network.

STANDARD 2

Leadership for cultural responsiveness is demonstrated.

- › The Consumer Engagement Framework and Information for Consumers guidelines outline how we ensure written information is accessible and understandable for all patient groups;
- › The Cultural Diversity Unit invested significant effort into ensuring patient information is presented in plain English;
- › Increased opportunities are available for consumers to provide feedback to the organisation and improvements are made, based on this feedback.

STANDARD 3

Accredited interpreters are provided to patients who require one (see graph).

- › Over 14,334 interpreter requests were received in 2012-13 and provided in more than 68 languages. Ninety eight per cent of all requests for interpreters were met;
- › Eight six per cent of requests were for the top 10 languages with all but Turkish and Persian provided by in-house staff. Vietnamese requests were filled by Mercy Hospital's in-house interpreters;

- › In-house and casual interpreters supplied 56.3 per cent of all language requests, with only 35.8 per cent supplied by external agencies; One hundred per cent of service complaints were addressed and resolved; one hundred per cent of translation requests were provided in 11 languages and patient information was translated into more than the 5 top languages and also into plain English.

STANDARD 4

Inclusive practice in care planning, including but not limited to dietary, spiritual, family, attitudinal and other cultural practices.

- › The Ngarra Jarra team expanded its patient-centred care practice model to work in partnership with external organisations to provide a continuum of care from referrals through to discharge, as well as attending outreach programs;
- › The Health Improvement Programs (HIP) received funding to employ an Aboriginal worker to help develop a smooth and culturally appropriate care pathway for Aboriginal Patients;
- › Respecting Patient Choices ran a series of state-wide consultations to deliver its message to Aboriginal communities.

STANDARD 5

CALD consumers, carers and providers are involved in planning, improvement and review of programs and services on an ongoing basis.

- › New consumer representatives from CALD communities joined the Consumer Advisory Committee, increasing existing representation;
- › Departments were encouraged to include CALD and Aboriginal representation whenever consumers are engaged in proportion to their demographic: approx 12 per cent CALD and 1 per cent Aboriginal of total patient population.

STANDARD 6

Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness.

- › Cultural Diversity Unit trained over 150 staff, students and volunteers in cultural awareness, working with interpreters, health literacy and patient-centred care. The Cultural Diversity Unit also helped devise a new diversity education module for the Olivia Newton-John Cancer & Wellness Centre volunteers and co-wrote and delivered a workshop on writing in plain English to quality coordinators.

DOING IT WITH US NOT FOR US

It is important that we can communicate effectively with all our patients.

STANDARD 1

Organisational commitment to consumer participation appropriate to its diverse communities.

- › Austin Health implemented the Consumer Engagement Framework, the 2013 – 2017 Consumer Engagement Plan, and the Cultural Responsiveness Plan and through the Ngarra Jarra Program, improved the delivery of healthcare services to patients from Aboriginal and Torres Strait backgrounds.

STANDARD 2

Consumer involvement in decision making about their care.

- › Austin Health scored 78.7 per cent in the latest Victorian Patient Satisfaction Monitor (VPSM) survey.

STANDARD 3

Provision of information to support consumer decisions.

- › All patient information material at Austin Health is now developed and reviewed with consumer input. The Austin Health Consumer Approved Tick is a symbol which indicates that this participation has occurred. The improvement of our practice in this area resulted in 87 per cent of Austin Health patients rating the 'take home' information as 'good' to 'excellent'.

STANDARD 4

Consumers participating in the planning and evaluation of services.

- › Consumers participated in the development of the Austin Health Strategic Plan 2013 – 2017, the Consumer Engagement Framework and the Consumer Engagement Plan 2013 – 2017. Consumers participate in a number of governance committees, including the Deteriorating Patient Committee and the Wellness and Supportive Care Steering Committee. Consumers from the Information for Patients working group assist staff in reviewing patient information brochures to ensure they are comprehensive and easy-to-read.

STANDARD 5

Building the capacity of consumers and community members to participate.

- › All consumers engaging with Austin Health are supported to participate through an orientation and mentoring program with ongoing support from staff members and other experienced consumers. Opportunities for continuing professional development are offered through networking, information sessions and forums for consumers.

INTERPRETER SERVICES

We provide professional interpreters and an Aboriginal hospital liaison officer as part of our care and respect for patients.



Zeina Beirouty
ARABIC



Thea Longhi
ITALIAN



Zlatko Blajer
**MACEDONIAN
SERBIAN**



Helen Kyriacou
GREEK



Starvroula Antonopoulos
GREEK



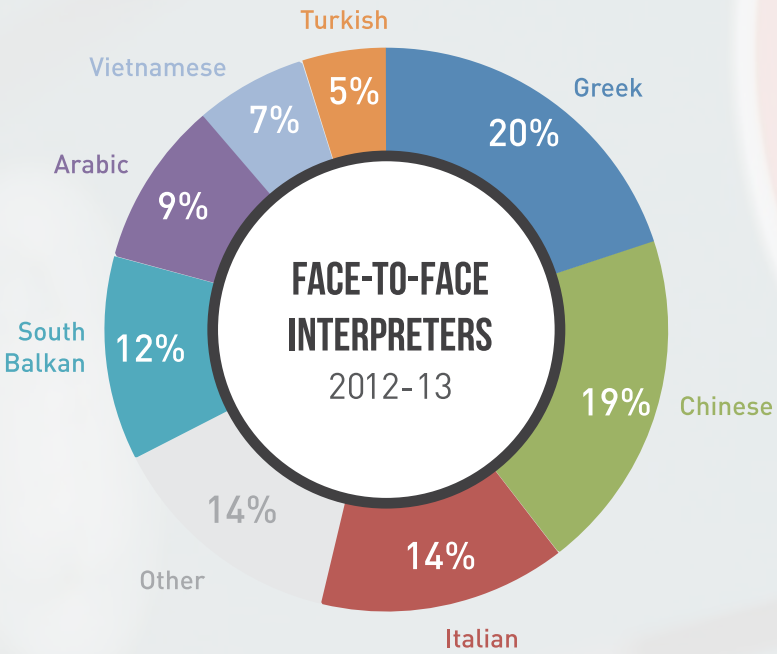
Constance Chik
**MANDARIN
CANTONESE**



Ursula Kay
**MANDARIN
CANTONESE**



Suzanne Nelson
ABORIGINAL
HOSPITAL LIAISON
OFFICER



**FOR MORE
INFORMATION**

Contact the Cultural Diversity Unit

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E katerina.stefanov@austin.org.au

QUALITY OF CARE REPORT

Each year, Austin Hospital produces a Quality of Care Report which highlights how we continuously strive to create a safe environment for our staff and patients.

DISTRIBUTION

Austin Health distributed 1000 copies of the 2012 Quality of Care Report to patients, staff, key stakeholders and community members including the Austin Hospital, the Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre; other Austin Health services located in the community and community partners such as GP practices, community health centres, local government agencies, libraries, aged care facilities and state and federal members of parliament.

You can receive a copy of this year's report by visiting www.austin.org.au or via the Austin Health hub intranet (for Austin health staff). Alternatively, contact the Quality, Safety and Risk Management Unit on 9496 5821.

WHAT DO YOU THINK?

We rely on feedback to ensure the Quality of Care Report is engaging and relevant for our readers. Please email feedback@austin.org.au or contact the consumer participation support officer on 9496 5186. Alternatively, contact us via Facebook or Twitter.

**“VERY CARING STAFF. ALWAYS HELPFUL
AND SUPPORTIVE. GREAT HOSPITAL!”**

AUSTIN HOSPITAL PATIENT



@otorhinolarydoc Visiting a hospital courageous in their engagement
of patients through social media. Well done @Austin_Health



Austin Health

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