

Quality of Care Report 2011



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We provide interpreters and an Aboriginal Hospital Liaison Officer as part of our care and respect for patients.



Zeina Beirouty

ARABIC العربية
وأنا أتكلم لغتك



Thea Longhi

ITALIAN Italiano
Parliamo la tua lingua



Zlatko Blajer

MACEDONIAN Македонски
SERBIAN Српски
Јас го зборувам
вашиот јазик
Ја говорим ваш
језик



Helen Kyriacou



Stavroula
Antonopoulos

GREEK Ελληνικά
Μιλάμε τη γλώσσα σας



Constance Chik

MANDARIN 普通话
CANTONESE 广东话
我说你的语言



Alev Tanyer

TURKISH Türkçe
Senin dilinden
Sizin dilinizi konuşuyorum



Suzanne Nelson

**ABORIGINAL
HOSPITAL
LIAISON OFFICER**

FOR MORE INFORMATION
Contact Cultural Diversity Unit

Katerina Stefanov
Ph 03 9496 3367
katerina.stefanov@austin.org.au

Welcome to Austin Health's 2011 Quality of Care Report

“We are committed to safe high quality health care for all our patients.”



Dr Brendan Murphy
Chief Executive Officer

I am pleased to introduce the Austin Health 2011 Quality of Care Report. The report demonstrates our commitment to safe, high quality healthcare for all our patients, details how we monitor quality and safety and how changes are made as part of a continuous quality improvement program. The report uses a range of formats including stories from patients and staff, graphs and descriptions of key projects to communicate to our community the work that we do to achieve our goal of better, faster, safer care.

It has been another busy year for our health service. While working hard to meet growing demand, we continued our focus on patient safety with a number of innovative projects

aimed at reducing adverse events. We continued to build for the future, with several major developments completed this year – the Health and Rehabilitation Centre and the Coral-Balmoral building, which brings the Veterans' Psychiatry Unit and Post Trauma Victoria under one roof in a purpose-built facility. We have also made significant improvements towards an implementation of electronic health records as part of the Victorian wide HeathSMART initiative, with the introduction of an electronic format for ordering of diagnostic tests, results reporting, discharge scripts and discharge summaries.

We are proud of our achievements in quality and safety but acknowledge that there are

still opportunities for improvement.

In this report we have outlined a number of initiatives to improve our services.

I hope you enjoy reading our 2011 Quality of Care Report and find it informative and interesting. I would like to thank all those who have shared their stories and helped prepare this year's report.

Dr Brendan Murphy
Chief Executive Officer



Tell us your opinion

Your feedback is essential as it enables us to ensure the Quality of Care Report is engaging and relevant to our readers' needs.

You can provide feedback to us in a number of ways:

- leave a message on our dedicated 24 hour feedback phone line by calling 9496 3136
- contact the Consumer Participation Support Officer on 9496 5186
- send an email to feedback@austin.org.au
- complete the online survey on the Austin Health webpage at www.austin.org.au/publication

We received responses about last year's report by phone and mail. In addition, we sought feedback by conducting a focus group with consumers from the Austin Health Consumer Register and the Community Advisory Committee. The feedback we received was positive – people liked the bright format and thought the stories were interesting. This feedback, combined with comments from staff, the Department of Health and the consumer representatives on the working party, has shaped the 2011 Quality of Care Report.

Some feedback we received highlighted that the report could be strengthened by ensuring that more services were represented. This year we endeavoured to highlight quality and safety initiatives across a wide range of service areas at Austin Health.

KEEPING YOU IN THE LOOP

Austin Health distributed more than 11,000 copies of the 2010 Quality of Care Report to patients, staff, key stakeholders and community members.

This year the Quality of Care Report will be made available in waiting areas and staff tea-rooms across the three Austin Health sites and will be delivered to all wards, clinics, satellite services and cafeterias in the hospital. Copies will also be mailed to our community partners including GP practices, community health centres, local governments, libraries, aged care facilities and state and federal members of parliament.

Copies of the report can be obtained by:

- accessing the Austin Health website at www.austin.org.au
- the Austin Hub intranet (for Austin Health staff)
- calling the Quality, Safety and Risk Management Unit on (03) 9496 5821

Our health service in 2011

Austin Health has a reputation as an innovative, progressive health service that pursues and achieves sustainable improvement in service access, quality and safety.

As one of Victoria's largest healthcare providers, Austin Health has grown in line with community demand to provide high-quality care to a diverse multicultural population, which includes significant veteran and Aboriginal communities in Melbourne's North East.

Austin Health has a combined capacity of approximately 980 beds across its three campuses: the Austin Hospital in Heidelberg, the Heidelberg Repatriation Hospital in West Heidelberg and the Royal Talbot Rehabilitation Centre in Kew. These include a mix of acute, rehabilitation, mental health and aged care services.

Austin Health also provides a range of specialty services, with some patients travelling from interstate to utilise its expert knowledge and facilities, including the Victorian Spinal Cord Service, Victorian Liver Transplant Unit and specialist mental health services.

In 2010 - 2011, Austin Health:

- utilised 980 beds across its three sites
- admitted 99,362 inpatients
- treated more than 170,000 outpatients
- employed 8,045 staff and
- operated with an annual budget of \$686 million

The health service is recognised as a world leader in clinical teaching and training. Through Austin LifeSciences, more than 800 researchers are involved in a multi-disciplinary alliance with eight internationally-renowned research institutes, which conduct cutting edge research in cancer, diabetes, respiratory disease, liver disease, heart disease, stroke, epilepsy and psychiatry.

For more information on Austin Health, or to provide feedback, visit www.austin.org.au



'Upon Reflection' wall mural by Warren Langley, in the foyer of the Austin Health Tower.

OUR VISION AND VALUES

VISION

Austin Health will be renowned for excellence and outstanding leadership in healthcare, research and education.

VALUES

Integrity - we exercise honesty, candour and sincerity.

Accountability - we are transparent, responsible and answerable.

Respect - we treat others with dignity, consideration, equality and value.

Excellence - we continually strive for excellence.

The changing face of Austin Health

Austin Health is continuing to evolve with several major projects underway and others recently completed.



Patients enjoying the facilities at the Health and Rehabilitation Centre.



Completed Stages 1 and 2A of the Olivia Newton-John Cancer and Wellness Centre.



The Austin facility of the Melbourne Brain Centre, which opened in June 2011.

Work is progressing on the Olivia Newton-John Cancer and Wellness Centre (ONJCWC) with the final stage funded in the May 2011 State Budget. This will enable the entire building to be completed and fitted out by mid 2013. The ONJCWC will bring together the best clinical care, research and wellness therapies for cancer patients under one roof to further streamline patient care.

Austin Health has secured State Government funding to provide the step-down care unit for mental health patients, which will prepare them for their return to the community after an acute

care stay. Work will begin on this 22-bed mental health community care unit on the Heidelberg Repatriation Hospital site in late 2011. The first patients are expected to receive services in early 2013.

Funding has also been received for an upgrade of the Mellor Ward at the Royal Talbot Rehabilitation Centre. The upgrade will significantly improve the environment for rehabilitation patients and staff. Construction will begin in 2012, with a scheduled completion date in 2013.

In the last financial year, a number of major Austin Health building projects were

completed: the Centre for Trauma-Related Mental Health (now known as the Coral Balmoral Building) and the Health and Rehabilitation Centre, which includes a state of the art gym and swimming pool, are both located on the Heidelberg Repatriation Hospital campus.

The Melbourne Brain Centre situated at Austin Hospital, houses in conjunction with its sister facility in Parkville, the largest brain research centre in the southern hemisphere. The centre will work to improve prevention and treatment for brain disorders such as Alzheimer's disease, Parkinson's disease and stroke.

How we ensure high quality care

Clinical governance at Austin Health is based on the Victorian Department of Health's Clinical Governance Policy Framework and clearly sets out responsibility for quality and safety at every level of the organisation and supports strategies to enhance the delivery of clinical care.

Over the past year, Austin Health implemented a number of strategies to strengthen our clinical governance processes.

A new information system that enables staff to measure a range of key performance indicators is assisting Austin Health staff to monitor and improve our performance. The expanded reports library on the intranet provides managers and staff with a range of performance indicators, including waiting times in the Emergency Department, complication rates, time of discharge and hospital falls. Data is updated every night with some indicators available in real time. This enables managers and senior clinicians to investigate problems as they arise and take immediate action to rectify them.

Clinical audits are another tool used by staff to monitor performance by measuring outcomes for a particular condition or treatment. Departments regularly participate in clinical audits and where possible

benchmark their results against other, similar hospitals.

In 2010, the Austin Health Board Clinical Safety and Quality Committee commissioned a team of external experts to review clinical audit. Several recommendations are now being implemented to improve the coordination of clinical audits, including education sessions for clinical staff and the development of a centralised database to store information and results.

Austin Health works to provide a culture that is open, respectful and just, and values the participation and input of consumers. In 2011, over 1,500 staff participated in our second annual Patient Safety Culture Survey, providing us with valuable insight into patient safety perceptions across the organisations.

The survey revealed that 96% of staff graded patient safety at Austin Health from acceptable to excellent. Teamwork within units ranked very highly with 81% of respondents rating this scale positively. Handovers and transitions of care from one team to another were rated least well with only 28% of staff rating these processes positively. This feedback has led to a number of quality improvement projects some of which are outlined in this report.

ACCREDITATION UPDATE

The Australian Council on Healthcare Standards (ACHS) has commended Austin Health for its commitment to continuous improvement.

Through the accreditation process ACHS assessed Austin Health against a set of agreed healthcare standards. Accreditation gives patients and the community the assurance that a health service is performing in line with accepted principals of care.

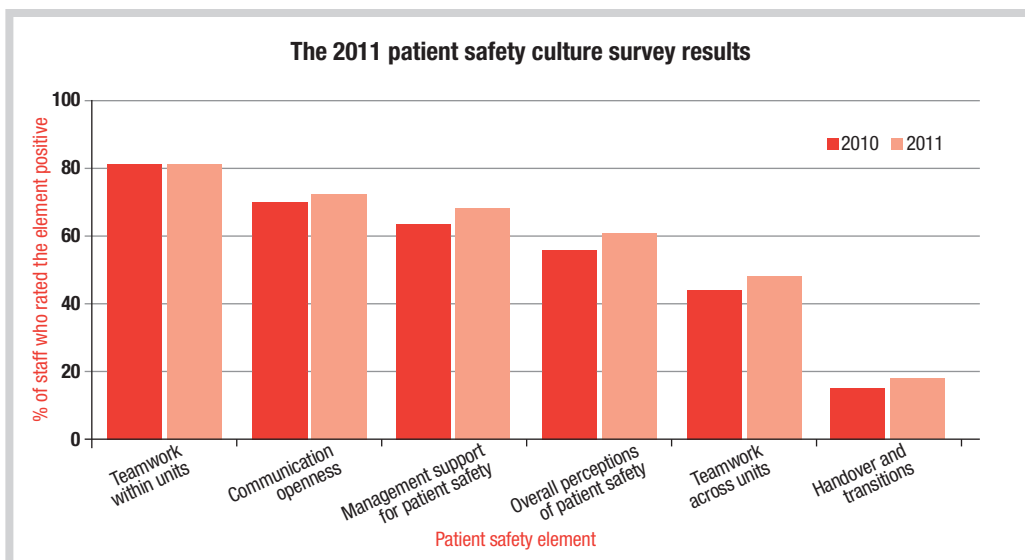
ACHS awarded Austin Health four-year accreditation in 2008. This year the health service submitted a self assessment outlining progress made on 13 low risk recommendations from last year's periodic review. The ACHS response was positive, commending Austin Health for its commitment to continuous improvement.

Austin Health's progress included a review of typing services to reduce turnaround to an average five days, which enables outpatients attending clinics to have a clinical summary provided to their GP in a timely fashion, and the implementation of an improved cleaning process for bed curtains in the Emergency Department. Next year Austin Health will undergo a full accreditation survey.

The health service also has a range of areas that are accredited by other specialist agencies. Diagnostic laboratories, radiology, food services, clinical staff training schools and residential aged care are all regularly assessed by external surveyors and any gaps identified are quickly addressed.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has developed new national standards for hospital accreditation, which are expected to be ratified and phased in by 2013. While the accreditation processes may change in future, the principles of independent assessment, measurement, continuous improvement and consumer focus will remain.

For more information on accreditation, see the ACSQHC webpage at www.safetyandquality.gov.au.



The six most improved patient safety elements as identified by staff in the 2011 patient safety culture survey.

Journey to Zero

Staff expertise and commitment to patient-centred care has enabled a number of projects tackling adverse events to be successfully introduced.

Austin Health has looked to the US navy, Australian Commission on Safety and Quality in Health Care guidelines and local 'safety heroes' as part of its patient safety initiatives to reduce adverse events.

Building on Austin Health CEO Dr Brendan Murphy's commitment that 2010 would be the Year of Safety at the health service a number of initiatives to increase patient safety were commenced. Journey to Zero, an umbrella term for projects developed with the aim of reducing adverse events to zero by working on areas for improvement identified by staff, was implemented.

The ISBAR project introduced a standardised framework for the reliable and consistent exchange of information, utilising a mnemonic ISBAR, with the letters standing for: Identify, Situation, Background, Assessment and Request, adapted from the US Navy's system for critical communication, SBAR.

ISBAR was a response to the information derived from the Patient Safety Culture Survey and reviews of adverse events that highlighted effective staff communication about patients' condition and needs at handover is essential. In February 2011, a pilot of the ISBAR framework in the Emergency Department and ward 8 west showed it was effective in improving communication, with over 80% of staff using the format after they completed training.

ISBAR was then implemented across Austin Health, with more than 2,800 clinical staff trained in its use and the creation and display of posters on the project. An evaluation of the initiative is planned for later this year.

Another Journey to Zero project is the redesign of observation and response charts which was undertaken to aid nursing staff to identify early when a patient may be deteriorating and make it clear when they should call for assistance. The new charts



were based on work from the Australian Commission on Safety and Quality in Health Care. A trial on ward 6 West last year found use of the charts increased the number of times staff called for assistance, based on early changes in their patients' observations, from around ten to 83%.

Austin Health is currently trialling the chart on a further four wards with plans to implement throughout the health service in 2012.

Nine patient safety posters have also been developed, highlighting the importance of safety every day and providing tips for staff. The posters were developed to be relevant to each Austin Health site and feature local clinical leaders. Project coordinator, Katie Yeaman says, 'We thought the message would be more powerful if delivered by a staff member who was well respected and known to be a safety champion'.

The posters are being circulated throughout staff areas and via the Austin Hub for the remainder of 2011.



Patient safety posters, providing tips for staff, are displayed across staff areas of the hospital.

NURSES DOING THE ROUNDS FOR PATIENT SAFETY

A new model of care for nurses draws on the experience of other hospitals to improve patients' outcomes and comfort.



Nurses Adele Colosimo and Eleanor Rovers check on patient Margaret Truffitt as part of Nurse Rounding.

Noting the partner of a very sick patient is showing signs of distress, Nurse Unit Manager Rebecca Monger makes a mental note to request a psychological referral. She adjusts the face mask of another patient and thanks the daughter of an elderly man who alerts her to the fact he has an advanced care plan, which restricts the use of extreme medical interventions.

These interactions are encouraged as a result of the introduction of Nurse Rounding. This project commits nurses to check on their patients every hour, and fill out a list confirming they have ensured any toileting, pain, and comfort needs have been met.

As Nurse Unit Manager, Ms Monger does at least one round a day to show leadership to her staff. She says the proactive approach to nursing is refreshing, and the results have been impressive with patients' usage of the buzzer to call for assistance falling by 44%.

'That says to me they don't need to buzz,' Ms Monger says. 'There's a calmer vibe, you can feel it's more controlled, there's not the noise pollution of the buzzer, it's quiet and controlled, and everyone loves it.'

There are 32 patients on the Orthopaedic and Plastics Ward, and whilst the ten nursing staff on a day shift are constantly attending to the clinical needs of their patients, without a formal requirement to check them hourly, concerns could be missed. 'Particularly the older patients don't want to bother the nurses,' Ms Monger says.

'Nurses are very good at being busy,' Ms Monger says. 'If you see the nurse sitting by the bed having a chat or a laugh, there's a perception they should be doing something. This is about giving them permission to stop and just ask their patients "are you OK?"'

Nurse Rounding Project Officer Kathryn Salamone says Austin Health piloted Nurse Rounding after noting the experience of other health services here and overseas where it had been introduced.

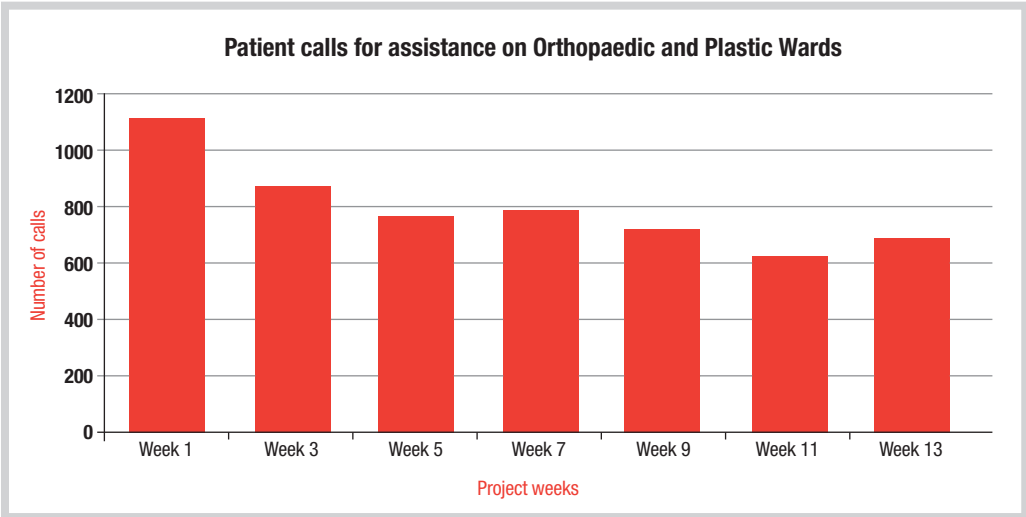


Nurse Unit Manager Rebecca Monger chats with patient Anna Mastropado during the Nursing Round she completes each day to show leadership for patient safety.

‘It’s about patient safety, reducing falls, keeping patients informed, reducing pressure injuries and making sure their needs are met and they know that someone is coming back to check on them and make sure they have everything they need in reach - glasses, book, hearing aid, tissues’ Ms Salamone says.

After a successful pilot on two acute wards, including Ms Monger’s Orthopaedic and Plastics Ward, Nurse Rounding is now being rolled out across Austin Health.

‘The patients are happier, more settled, it’s quiet, staff are happier,’ Ms Salamone says. ‘It’s a patient-centred culture change.’



Graph highlighting the impact of Nurse Rounding which has resulted in a 44% decrease in the number of patient calls for assistance over a 13 week period.

Risk and incident management

Austin Health measures and fixes problems before they happen.

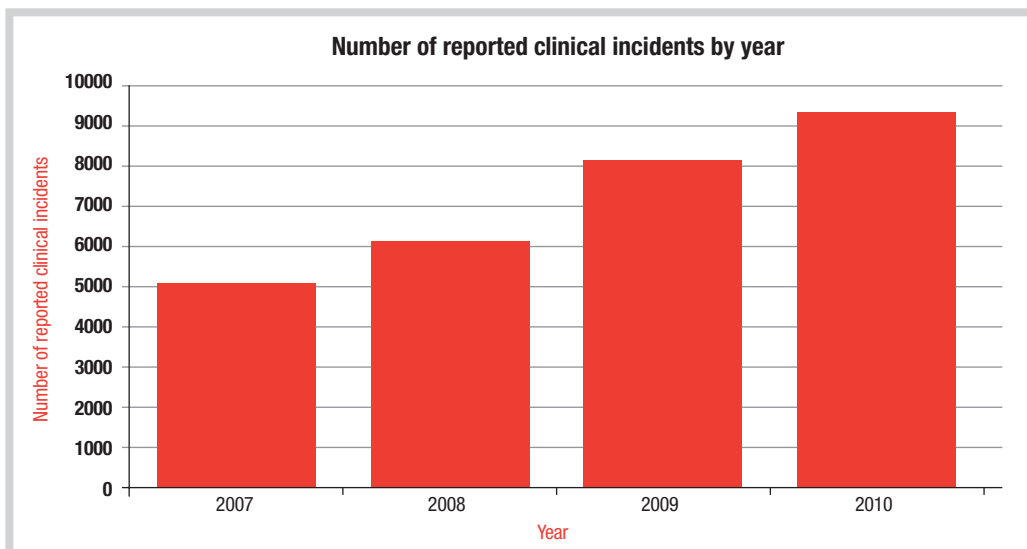
Austin Health has introduced an updated incident monitoring tool as part of its commitment to reducing harm to patients.

An electronic risk management tool, the Victorian Health Incident Management System (VHIMS), was introduced at Austin Health in October last year. The system is to be used by all Victorian public health services to ensure a standardised approach to incident reporting.

VHIMS is used by staff to report incidents, clinical issues, hazards, safety risks and near misses, and is available on every computer desktop across the health service. It is used to monitor the number and type of incidents to identify where there are common events, such as falls, medication errors and pressure injuries, so any trends can be identified and tackled. Serious incidents are automatically escalated, ensuring there is a rapid response and an investigation, which can lead to practice change to prevent a recurrence.

In 2010, Austin Health had a 15% increase in the number of clinical incidents reported from the previous year. This increase does not mean that more things are going wrong, but instead indicates that the patient safety culture across the organisation has improved. Staff are becoming more confident and familiar with the reporting system, there is increased accountability in reporting incidents, and because of the 'no blame' approach to incident review, staff are feeling more confident that system measures will be put in place in response to an incident.

Austin Health also introduced a Clinical Review Panel in 2010. On a monthly basis, a panel of senior staff – including representatives from medical (surgeons, physicians, and anaesthetists), nursing, allied-health, radiology and pharmacy – meet to discuss the investigation outcome of serious adverse events and develop practical, tangible recommendations for improved patient care. Since its introduction in October, the panel has reviewed over 11 cases, conducted a major review of falls and is overseeing the implementation of over 36 recommendations to improve patient care.



Graph showing a 15% increase in the number of incidents reported by staff in 2010 which reflects an improvement in the patient safety culture across Austin Health.

REVIEW OF PATIENT FALLS

In January, the Clinical Review Panel reviewed 6,125 falls incidents reported by staff from July 2007 to October 2010. The review showed that despite utilising best-practice risk-assessment tools and preventative strategies, Austin Health's falls incidence, particularly those falls that result in patient harm, had remained static over the past three years.

The review uncovered key information about the factors contributing to falls, such as that 70% occurred in the bathroom and 50% were related to going to the toilet. This knowledge supported the implementation of Nurse Rounding, a new patient safety initiative which has reduced falls when introduced at other healthcare services.

SURGICAL SAFETY CHECKLIST

Austin Health's clinicians work to eliminate risks to patients by implementing world's best practice such as the World Health Organisation's (WHO's) Surgical Safety Checklist.

The checklist ensures the operating team of surgeons, anaesthetists and nurses conduct key safety checks prior to certain stages of surgery.

Associate Professor Larry McNicol, who was instrumental in the implementation of the checklist across Austin, says 'in 2003, the Austin Hospital was arguably the first hospital in Australia to perform "time out" as a final check before surgery. When combined with the Austin's Operating Room Passport (a checklist performed before a patient is transferred to the anaesthesia room), the WHO checklist is helping us to ensure we are doing the right operation, on the right patient in the most appropriate way'.

IV innovation increases medication safety

New technology prevents the accidental administration of potentially harmful levels of intravenous medication.

At least six potentially fatal errors have been averted and 421 adverse drug events avoided through the use of new 'smart' intravenous (IV) pumps across Austin Health.

IV pumps are used to regulate the rate that fluids and medications are infused directly into a patient's bloodstream and an enormous 1,700 IV infusions are set up daily at Austin Health.

Recently Austin Health invested in 520 Alaris 'smart' pumps to increase medication safety. Deputy Director of Nursing and Ambulatory Services, Shane Crowe says, 'Traditional pumps only regulate the flow, how fast it comes through. The smart pump regulates how much of a medication can be administered.'

The smart pumps require staff members to input which medication they are infusing and how much of it they want to add to the intravenous solution. 'The pump is pre-set with some predetermined limits around what is safe and therapeutic. It has a hard limit, a soft limit and a therapeutic dose range.'

If staff input a dosage within the therapeutic dose range, it is administered, but if the dose breaches the soft limit, they are given a prompt to check if that was their intention. If it was, then they can press 'yes' and the dose will be administered, if it was an error, it gives the staff member an opportunity to revise the dose.

However, if a staff member accidentally inputs a dose level that breaches the 'hard limit', set at a level deemed to be medically unsafe, the pump does not allow it.

One error that a smart pump averted was when a staff member programmed a 1000 ug/kg/min dose of noradrenaline, instead of 100 ug/kg/min. 'The difference of one zero is significant, and the pump saved that patient from an overdose,' Mr Crowe says.



The 'smart' IV pump reduces the chance of dosing errors.

The pumps are providing an average of 60 alerts a day, with nearly four of those alerts resulting in the dose being reprogrammed, meaning an error has been averted.

The pump also uses tall letters when displaying the name of the medication, such as DoPaMine, to make it easier for staff to differentiate between drugs with similar sounding names, like DoBuTaMine.

'No staff member ever plans to make an error, this is just one more check, a technological check, that has made a real difference,' Mr Crowe says.

Mr Crowe says Austin Health was one of the first health services in Australia to introduce the new technology. 'Other hospitals have asked for our dataset to learn from our experience.'

CONSENT PROCESSES FOR BLOOD TRANSFUSION IMPROVED

A new consent form has been developed by Austin Health to increase patients' awareness of the risks and benefits of blood transfusions and to respect their choices. The form is used across all surgical and medical services in conjunction with an information booklet on blood transfusion.

The introduction of the new form was a recommendation by both the Australian Council on Healthcare Standards and Australian and New Zealand Society of Blood Transfusion to improve communication between clinicians and patients about blood transfusions.

The new form was launched in May 2011 and compliance has passed expectations, exceeding 98%.

Dedicated and enthusiastic nursing and medical champions ensured the two month implementation program was successful by promoting the new form, informing staff about their responsibilities, and reviewing current patient flow through the health service to determine the best timing for obtaining consent.

The safety of blood and blood products at Austin Health is overseen by the Blood Transfusion Committee which has representation from surgery, medicine, nursing, the executive team and clinical education. The key roles of the Blood Transfusion Committee include:

- management and oversight of activities related to transfusion of blood and blood products at Austin Health
- implementations of changes in line with best practice, taking into consideration scientific evidence, ethical and medico legal aspects
- reviewing the performance of the Austin Health transfusion service

PRESSURE INJURIES

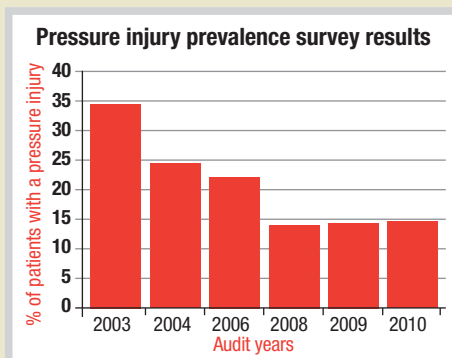
A commitment to continuously improving the incidence of pressure injuries has enabled Austin Health to reduce its rates to below the state-wide average for health services.

Pressure injuries are wounds that are formed as a result of prolonged pressure to an area of skin. Pressure injuries are recognised worldwide as a common cause of harm to patients and may cause significant pain for patients and slow recovery.

Every year Austin Health undertakes a Pressure Injury Point Prevalence survey, an audit of pressure injuries at a particular point in time. Each injury is graded according to a classification scale, from redness to severe lesions. In December last year, 550 inpatients were assessed. Of those, 14.9% were found to have a pressure injury, which was a reduction on the 2003 rate of 34%, and is considerably lower than the last reported state-wide average of 17.6%.

The audit also found the use of pressure reducing devices had increased by 2.9% over the previous year.

Pressure injury prevention remains a high priority at Austin Health with an executive-led injury risk committee leading the organisation. All patients are screened on admission and regularly through their stay and staff use strategies such as special mattresses and pressure-relieving devices for patients who are considered to be at high risk of developing a pressure injury.



Graph tracking the percentage of patients with a pressure injury which has decreased from 34% in 2003 to 14.9% in 2010.

Quality a high priority as emergency cases rise



Due to the Planned Patients Arrival Project, Laura Lewis, one of Austin Health's Flow Coordinators, is now able to admit patients to the wards more quickly from the Emergency Department.

Streamlining quality care is vital as the Emergency Department is faced with growing patient numbers.

Demand for Austin Health's Emergency Department (ED) continues to grow with 69,755 patients presenting to the department in 2010-2011, an increase of 6% on the previous year.

In light of the rising demand, the ED is continually working towards meeting the Federal Government's aspirational target of treating 90% of patients within four hours. Currently, 65% of all patients presenting to the ED, who do not require admission to hospital, are treated and discharged within the four hour window. The triage system ensures the most urgent cases are prioritised.

One of Austin Health's initiatives to reduce ED overcrowding has been the Planned Patients Arrivals Project. The project, which was developed with the input of ward staff, has increased the number of patients

discharged throughout the hospital before 9am. This has freed up beds to enable patients to be admitted to wards from the ED more quickly.

The project has increased the number of patients discharged early in the morning from less than 1% to between 6 and 10%. Clearly, this is only done when appropriate, and the feedback from patients has been positive.

The Emergency Department Quality Team measures a range of key indicators of the quality and outcomes of treatment to identify areas for possible improvement, including the patients' experience of attending the ED. It also ensures the management of specific clinical conditions, such as myocardial infarction, pneumonia, appendicitis and certain fractures, are in line with current world best practice.

Cleaning epidemic

A new approach to cleaning curbs VRE infections and is just one of the many innovative initiatives of the infection control team.



The B- Clean Program Team

A radical proposal to implement cleaning procedures normally applied in areas contaminated with Vancomycin-resistant Enterococcus (VRE) to the entire health service has led to a significant reduction in the rates of VRE colonisation and infection.

VRE is currently a leading cause of hospital infections in Australia, one of the known ‘superbugs’. In February 2010, the health service introduced a standardised approach to hospital cleaning using a single bleach/detergent that is effective against all current ‘superbugs’, and launched an educational approach for cleaners that improves standards whilst reducing unnecessary waste.

A 12 month post-implementation investigation found the B-Clean Program reduced annual VRE bloodstream infections from 22 to five, reducing the number of patients who may otherwise have died as a result.

The number of patients colonised by VRE also dropped by 40% - the first time there has been a reduction in the total burden of VRE disease at the hospital. As 10-20% of those who acquire VRE colonisation generally go on to develop an infection,

reducing the number who are colonised will invariably reduce the number of VRE infections and deaths in the future.

Another innovative Austin Health program aims to reduce the risk of an infection from an intravenous (IV) line. IV lines can deliver life saving treatment but they involve a risk of developing an infection in the blood, known as a bacteraemia, which can be serious and sometimes even fatal. While Austin Health IV infection rates are low, the project team believes they should be zero.

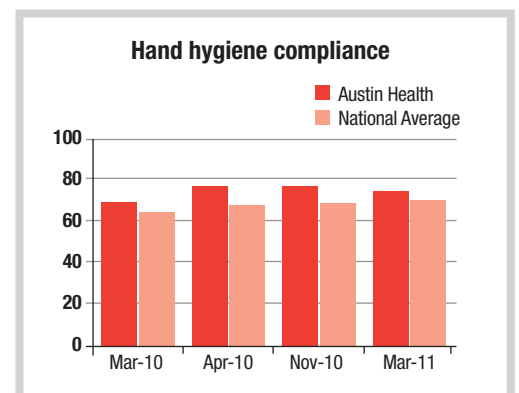
The Infection Control Team, working with clinical staff, audited the insertion and ongoing care of IV lines in the hospital. These audits identified gaps such as staff not allowing enough time for the solution used to clean the skin to work properly. The results of the audits were shared with staff to increase their awareness of the need for consistent and improved practice. To support correct insertion of the IV line, a kit is being developed that will provide staff all necessary equipment in one place.

Monitoring Infection Control

Austin Health’s infection control program coordinates a wide range of activities

including monitoring and benchmarking infection rates, hand hygiene compliance, staff immunisation and environmental standards. Results are reported to the Infection Control Committee and senior quality committees in the organisation.

Standards of cleaning are monitored by a quarterly external cleaning audit, which specifies the Acceptable Quality Level for very high risk areas as 90 and for high and moderate risk areas 85. Austin Health has met these standards in 2011, averaging 90 across all areas.



Graph comparing Austin Health’s hand hygiene compliance rates with the National average.

ONE YEAR OF SURGERY AT AUSTIN HEALTH

In 2010-2011 we performed ...

A total of **10,594** surgeries

2,327 orthopaedic surgeries

655 thoracic surgeries

457 cardiac surgeries

46 liver transplants

2 new technology funded direct diaphragm pacing procedures

Australia's **first** intestinal transplant



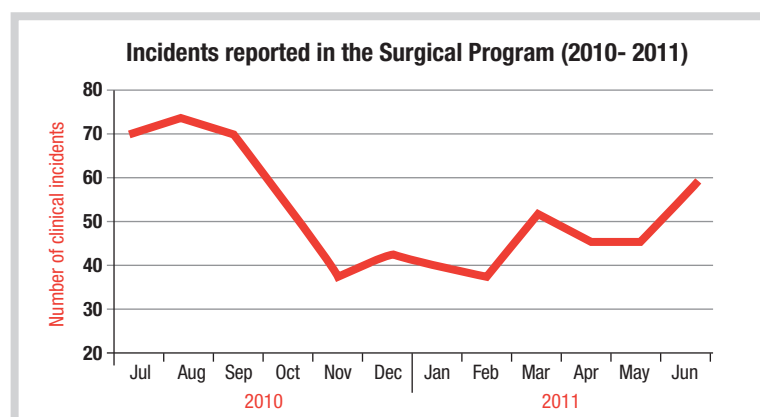
Austin Health's surgeons performing Australia's first intestinal transplant.

Keeping track of our quality of care

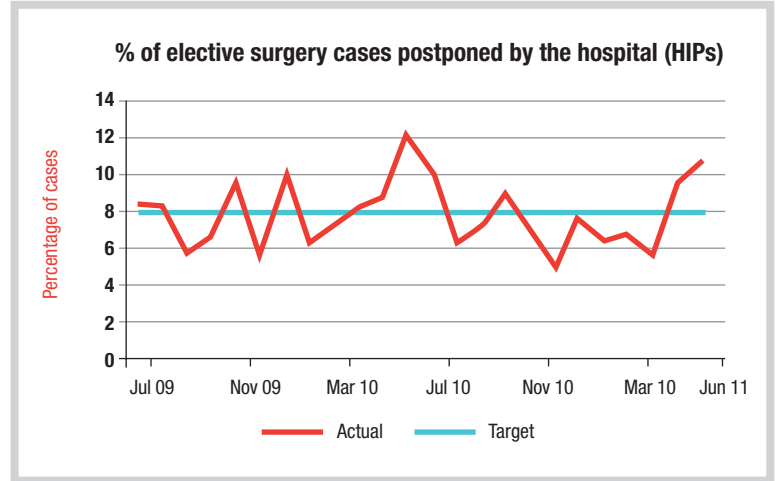
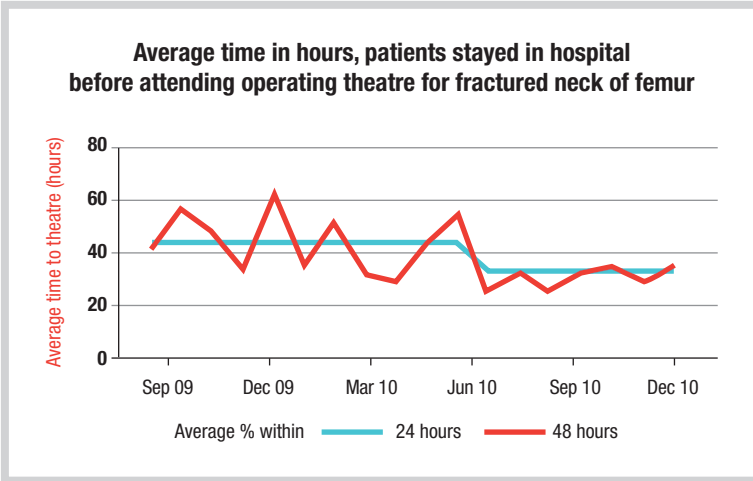
To ensure the surgical services are safe and effective and give the best service to the community we use a framework of clinical governance to monitor and measure data that reflects the performance of our services. The range of indicators we monitor is based on the Victorian Quality Council 'dimensions of quality': safety, effectiveness, appropriateness, acceptability, access and efficiency. Using these indicators we strive to achieve a balance, that means we do not increase efficiency at the expense of safety, or provide high quality service that is financially unsustainable. By monitoring data across these dimensions, we know what is happening within our busy departments. The system will flag if something is starting to go off track. We can then investigate and take what ever steps are necessary to manage the situation.

Some examples of the data that is measured across our surgical services under the six dimensions of quality include:

Safety: Clinical incidents are adverse events or near misses that impact on patients while receiving health care. Clinical incidents are reported and acted on quickly to minimise the risk of harm to patients. Across the Surgical program in 2010/2011 there were a total of 626 incidents reported, with the most serious of these all having in-depth investigation and follow-up. In one example a patient fell off a 'hovermat' – a specialist piece of equipment used to transfer patients to the operating table. Although the patient was not harmed, the investigation and follow-up of this incident led to the purchase of new equipment and specialised training for staff in the use of the 'hovermat'.



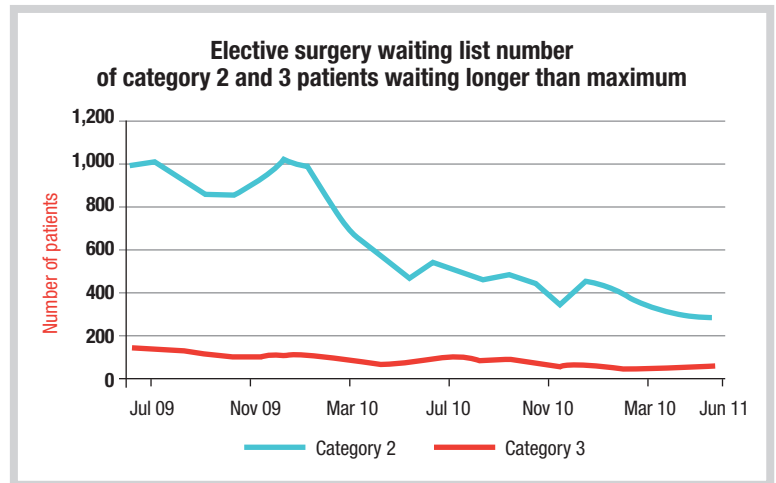
Effectiveness: Fractured neck of femur (NOF) is a serious consequence of falls among older people. In 2010 Austin Health implemented a dedicated ortho-geriatric service to ensure that other medical issues patients with NOF may have, were assessed and managed in a streamlined manner. Furthermore, close attention was paid to why patients were delayed in getting to theatre. As a direct result of these initiatives, there has been a trend of reduced time patients waited before having the operation to repair their fractured NOF.



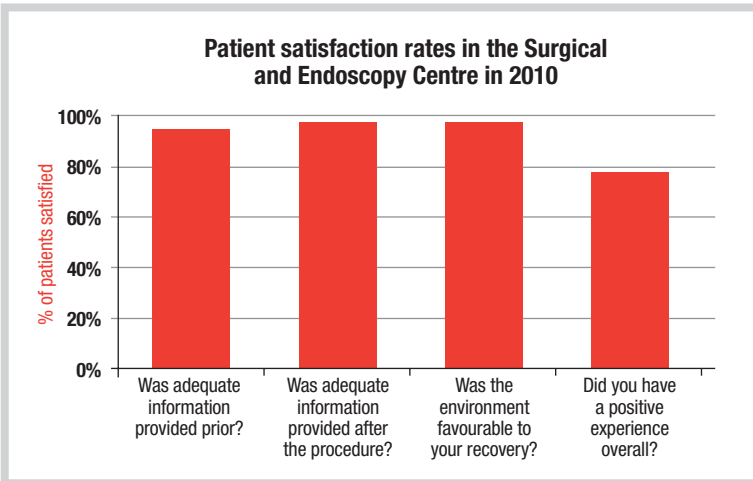
Appropriateness: Health services must ensure that services are provided appropriately based on the urgency of the case, while also ensuring the non urgent patients receive treatment without undue delay. Hospital Initiated Postponements (HIPs) are a measure of the number of scheduled surgical procedures that are postponed due to factors such as emergency cases taking priority or lack of availability of beds.

HIPs routinely increase during winter months when there is a seasonal increase in emergency demand for hospital beds. Austin Health monitors the percentage of HIPs and aims to stay below the Department of Health target of 8.0% while maintaining the priority of emergency cases.

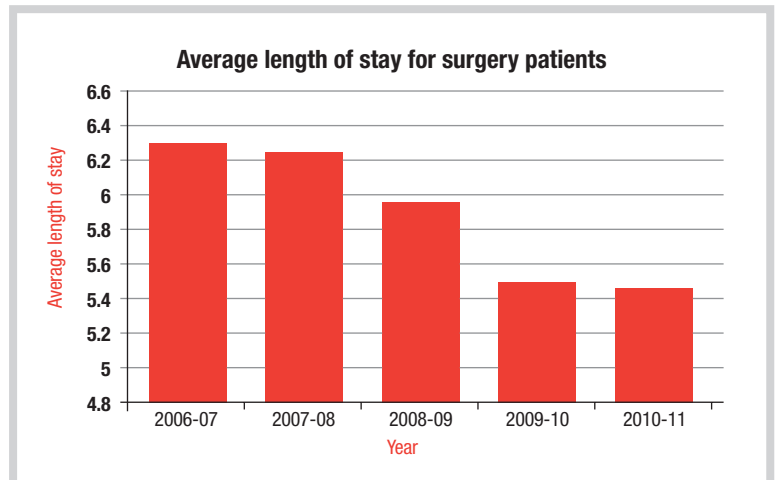
Acceptability: Monitoring patient satisfaction is key to knowing the quality of the service provided and how this is experienced by patients. Patient satisfaction is regularly monitored within the Surgery and Endoscopy Centre (SAEC). In 2010, patient satisfaction rates within SAEC were high, however problems were identified with physical facilities and as a result, changes were made to the environment.



Efficiency: Health services must ensure that resources are utilised to achieve value for money. Austin Health surgery patients can return home almost a day earlier on average in 2010/2011 than in 2006/2007 due to a range of service improvements.



Access: The urgency of cases waiting for elective surgery is categorised and waiting lists are managed to ensure that patients have timely and equitable access to the services they need. The Department of Health in Victoria sets maximum waiting times for each category and the number of patients who wait longer than that is monitored. Through streamlining the management of the waiting list, we have achieved a significant reduction in the number of patients who wait over the maximum time.



Category of surgical urgency	Maximum waiting time
Category 1	Emergency cases – no waiting time
Category 2	90 days
Category 3	365 days

Young consumer voices shape mental health services

Streamlined admissions, treatment and increased input in service delivery by consumers has led to major improvements in outcomes for young people with mental illness.

A major redesign of the model of care at the Child and Adolescent Mental Health Service (CAMHS) has cut the services waiting list from 12 months to zero, reduced the length of stay of adolescent inpatients from 43 days to 12 and increased the input of consumers in its service delivery.

CAMHS provides a range of services for children, adolescents and their families and carers, with inpatient facilities as well as outpatient and outreach services.

Clinical Director Dr Neil Coventry says CAMHS streamlined its admission and treatment process in recognition of the fact there were people in urgent need of help who could not access its services.

‘What was happening in our service, like in many other services, was that families were coming and having fairly lengthy assessments and having a comprehensive treatment plan organised and then just dropping out. So it was a not a highly efficient use of time,’ Dr Coventry says.

‘So we changed our focus to provide a much briefer, focussed assessment, including single session assessments, and we were finding that, for a number of families, was sufficient.’

The service has begun using sensory modulation therapies within the two CAMHS inpatient units, which provide children and young people with sensory items such as soft blankets, large exercise balls, stress balls, fidget toys, bean bags, hammocks and bubbles to manage aggression.

The sensory modalities are helping patients control their emotions, which has led to a reduced need for physical restraints and seclusion.



The gardens at CAMHS provide a tranquil space for patients and staff.

‘It means that we are the only adolescent unit in the state that basically never secludes our patients– we have the same sort of patients as other services, but we anticipate and have other ways of distracting and diverting that aggressive behaviour,’ Dr Coventry says.

‘The other thing we’ve developed is a very strong, consumer and carer focus. So we have a consumer carer support group and an advisory group of young people who have previously been patients of the service. Both of those groups are very active in helping us to change policies and

procedures and in giving us feedback about improvements from their perspectives.’

‘So the voices of the consumers and the carers are much stronger now in shaping our service. That’s been a significant improvement too.’

Consumer initiatives include weekly sessions on the two inpatient units where past patients provide peer support to the young people who are in hospital, and a weekly drop in centre, where outpatients and young people can do craft, have a chat, grab a coffee or do some homework, whilst accessing support if needed.

Darley House is a home away from home

Staff at Darley House have created a home-style environment to ensure that residents receive the respect and comfort they deserve.

Rosie, a King Charles Cavalier Spaniel, sports a 'Therapy Dog' badge when she visits her owner Michael Proctor at the Austin's nursing home, Darley House. The official Human Resources badge, which recognises Rosie as a member of the care team, is just one example of Darley House's commitment to ensuring it is a home, not a facility.

Michael's wife, Valarie Proctor brings Rosie to visit every day and says they enjoy the family atmosphere of Darley House. 'I sleep well at night knowing he's being looked after so well.'

Nurse Unit Managers of Darley House East and West, Michelle Spotswood and Genevieve Jepsen, have recently achieved three-year accreditation for the home, proving that it meets the required aged care standards. However, Ms Spotswood says staff strive to achieve more than the minimum.

Residents in the 60-bed home require complex aged care and staff are committed to ensuring they are treated with respect. One initiative has been to have a journalist compile residents biographies, with 20 completed over the past two years.

'It's a bit of a story of the residents' lives, which the staff can share if the families wish, so they can get a bit of an idea about who this person was through their life.'

Ms Jepsen says it's been a wonderful experience. 'It gives the residents a feeling that their life is being respected, being validated, being heard. You're actually an active member of the community - and it's interesting. Probably a lot of the family don't even know half of the information that's been coming out.'

Another area targeted for improvement at Darley House is falls. The monthly falls rates

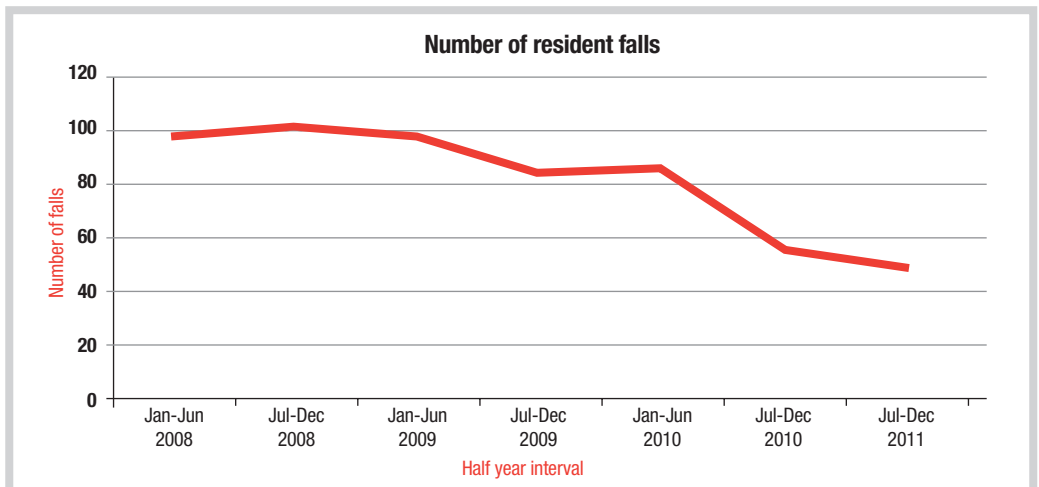


dropped from 17 falls in February 2009 to five in February this year. This has been achieved through the use of low beds, and bed and chair alarms that alert staff when a resident who is unsteady is standing.

The home has introduced a protocol that if a resident has a second fall, a staff member from the other wing will come over to review the falls checklist to see if there are any other strategies that could be put in place. The

falls data is also reviewed at staff meetings, to keep staff informed of how they are doing.

Housekeeping staff are now involved in falls prevention. 'If they see someone start to stand up, they'll be there and be proactive and make sure that person has support or that they are assisted back to a chair or they will contact one of the staff. Everybody's involved in falls management. I think that's very important,' Ms Spotswood says.



Graph showing that since the introduction of specialised prevention equipment in 2010, resident falls at Darley House have halved.

REDESIGN OF CLINICAL PATHWAY RESULTS IN BETTER CARE

An initiative to improve the hospital journey of patients who have fractured their neck of femur, or thigh bone, is reaping rewards.



Melodie Heland, Director of the Surgical Clinical Service Unit, interviews a patient to understand what could be done to improve his experience.

An initiative to improve the hospital journey of patients who have fractured their neck of femur, or thigh bone, is reaping rewards.

Patients presenting to Austin Health with a fractured neck of femur (NOF) are receiving pain relief earlier and their patient journey has been streamlined thanks to a project that has come right from the top.

CEO Dr Brendan Murphy was just one of Austin Health's executive team who interviewed patients with a fractured neck of femur to determine what could be done to improve their patient journey. As a result of patient feedback, four areas were targeted for redesign: pain, time to surgery and fasting, pressure injuries and delirium. Project Lead Fiona Nielsen says, 'We started off with a walk-through of all the key points the patient would actually travel through. It was the first time we'd done that, where we actually followed the patient journey from the front door in ED right through the back door when they get discharged.'

Ms Nielsen says the involvement of hospital executives and Orthopaedic Surgery Director, Mr Andrew Hardidge, was pivotal to the success of the project. 'I think it showed there was a strong commitment to make this project work and everybody was behind it.'

In 2010, 167 patients presented to Austin Health with a fractured neck of femur, an extremely painful condition. However, data from the Emergency Department showed only 33% of patients were receiving pain blocks in their hip area rather than opiates, which are less reliable and not as long lasting.

The use of pain blocks in the Emergency Department has now increased to nearly 90% and the new pain plan extends to the wards where patients are immediately given analgesia. The Acute Pain Service receives



Patient status at a glance board assists staff in planning and coordinating care.

a referral for every NOF patient to help them mobilise and on their way to recovery as quickly as possible.

Fasting for at least six hours is a requirement prior to surgery, but there were issues with patients being inadvertently fasted for much longer. Sourcing food when a patient's fast ended outside a meal time was also a problem.

A big success has been the introduction of the 'hunger clock' at the patient's bedside. 'The clock goes up with the starting fasting time and every hour the nurse moves the hands. This provides a visual trigger for nurses to regularly check on the patient's theatre waiting time'.

The Orthopaedic Interdisciplinary Team are committed to ensure that patients and their families receive person-centred, evidenced-based care that is co-ordinated, integrated and consistent. This philosophy of care is supported by a revised clinical pathway which documents the critical elements of the patient journey.

NEW FRACTURE MODEL OF CARE

A new model of care for older patients with fractures is reducing the amount of time they need to spend in hospital and has been welcomed by staff and surgeons alike.

Clinical Associate Professor and Senior Geriatrician Dr Mike Dorevitch says many older patients who present to hospital with a fracture have other health issues. These co-morbid conditions often signal underlying ill health and can contribute to injurious falls. 'If you just focus on fixing the fracture those co-morbidities can be overlooked and the opportunity to improve their health status can be missed,' A/Prof. Dorevitch says.

The new service is a collaboration between the Orthopaedic Unit and the Aged Care Service and has created a new, full-time position of a Geriatric Medical Registrar in the Orthopaedic Unit.

'We are well placed to see these patients as soon as they present to hospital and to follow them pre- and post-operatively until they are discharged. Working within a multi-disciplinary team framework, we are better able to manage common age-related issues such as falls, polypharmacy and underlying metabolic bone disease, as well as post-operative pain and other complications such as delirium and anaemia,' A/Prof. Dorevitch says.

Since the model of care was introduced in February last year, the acute hospital length of stay of the target patient group has dropped from 14.6 to 8.3 days.

Working hand in hand with the community

At Austin Health we work with consumers to create better, more responsive services using the Department of Health's Consumer Participation Standards (outlined in the *Doing it with us not for us. Strategic direction 2010–13*). The table below details our progress.

Standard 1 - MET

Organisational commitment to consumer participation

Austin Health is committed to consumer, carer and community participation. This includes implementing actions set out in our:

- Consumer and Community Participation Policy and Plan
- Disability Action Plan
- Cultural Responsiveness Plan, and
- Improving Care for Aboriginal and Torres Strait Islander Patients program.

We use a range of approaches to report consumer participation to the wider community and implement processes to support consumer consultation and involvement. We are also building staff capacity by developing education resources. One of the initiatives undertaken this year is the development of the Community Advisory Committee Recognition and Rewards Program. This program aims to highlight the importance of consumer participation among staff, as well as building the Consumer Participation Record of Influence, a useful resource of good practice models.

Standard 2 - MET

Consumer involvement in decision making about their care

Consumer and carer satisfaction with their involvement in decision making about their care, treatment and wellbeing is assessed by the Consumer Participation Indicator (CPI) within the Victorian Patient Satisfaction Monitor (VPSM). Austin scored 75.9% in the latest VPSM in December 2010.

The VPSM excludes mental health, so in that area this important aspect of care is assessed on patients' involvement in the development of their individual care plans.

Standard 3 - MET

Provision of information to support consumer decisions

Responding to the VPSM, 90% of patients rated Austin Health's 'take home' information as good or excellent. While this result is pleasing, we are continuing to work at improvement. All staff can access information on developing appropriate resources via the Department of Health's Checklist for Assessing Written Consumer Health Information. We are developing a new electronic document system with a strengthened model to engage patients and consumers in creating information.

Standard 4 - MET

Consumers participating in the planning and evaluation of services

Austin Health engages consumers in a range of ways to ensure that services meet their needs. This includes participation in strategic planning processes, service, program and community development and quality improvement activities.

In 2010, consumer feedback contributed to the development of the future model for endoscopy services and renal dialysis. Consumers are also represented on a number of key committees including ethics, quality and clinical governance committees. This year, the membership of the Board Clinical Safety and Quality Committee will be strengthened by participation of two consumers. Consumers participate in monitoring feedback and reviews of complaints.

In the Mental Health area, dedicated consumer and carer consultants ensure that consumers are active participants in the planning and evaluation of services.

Standard 5 - MET

Building the capacity of consumers and community members to participate

The 2009 – 12 Community Participation Plan guides engagement activities in the three key areas of consumer participation, capacity building and community engagement.

This year some activities were:

- strengthening the distribution of the Charter of Health Care Rights and Responsibilities
- consumers participating and presenting at safety and quality conferences, sharing their experiences and learnings with others
- seeking community feedback in the development of the Quality of Care Report
- engaging consumers in the development and delivery of community education sessions for the Respecting Patient Choices program
- development of a register that captures the involvement of consumer consultants in the Mental Health staff's in-house training

If you would like more information about our Community Participation Plan, or to be involved in quality improvement initiatives across Austin Health, please contact the Consumer Participation Support Officer on 9496 5186.



Michael Knight, former liver transplant patient, is now a volunteer guide.

Transplant recipient volunteers time to help others

Every Thursday morning, Michael Knight grabs a good book and his iPod in preparation for the six-hour round trip to the Austin from his home in Pakenham. It's a huge effort for the former liver transplant patient who gives his time to volunteer for the hospital he credits with saving his life.

'I was sent to the Austin in 2005 with chronic liver disease and I had a transplant in 2006. So, that saved my life basically and this is my way of giving something back,' Mr Knight says.

Mr Knight was one of the first intakes of volunteer guides, who now number 16. They greet patients at the hospital reception or in Specialist Clinics (Outpatients) to answer any queries or dispense some much needed reassurance.

'Because it's such a big place, people are getting lost, they walk in and they

haven't got a clue where they're going and sometimes they're quite frustrated and scared...so we just try to make their journey a little bit easier,' Mr Knight says.

'If people need taking somewhere, or are lost, you help them out. Also if someone looks a bit distressed while they're sitting and waiting for their appointment, I might make them a cuppa.'

Mr Knight says the feedback from patients has been overwhelmingly positive.

'I actually had one lady give me a kiss one day because she was so frightened when she arrived, and she had no idea how to get to respiratory lab and when I got her down there, she just gave me a peck on the cheek and said, "You people are doing such a great job".'

'I had one lady get into the lift one day and she looked in a bad way so I said to her,

"You alright?", and she said, "Yeah, I'm just taking my husband's washing home, he's going through a liver transplant." I said, "Believe me, he looks rough now, but don't worry, I've had one myself," and she just burst out in tears ... She was really happy to see how I'd progressed. That gave her hope. Now her husband's had his liver transplant and they make a point of coming to see me when they're there.'

'It's good therapy for me, emotionally and physically. I feel like I'm giving something back, not just to the Austin but to society in general.'

People interested in volunteering as a guide, or for any other role, can contact Volunteer Services on 9496 2337 or email volunteers@austin.org.au



Replica Victoria Cross at the Kokoda Gym entrance.

Veteran legacy

Seventy years ago, when the Heidelberg Repatriation Hospital (the Repat) was built during the Second World War, one in seven Australians were in the armed services.

The Repat has recognised that sobering legacy with a stunning display of memorabilia held at the Shrine of Remembrance in Melbourne over five months earlier this year, and by its ongoing tradition of naming buildings, gardens and other locations in the hospital with heritage names linked to the Australian Defence Forces.

Veteran Liaison Officer Robert Winther says the display at the Shrine was three years in the making, involving staff from the Repat, the Shrine and the War Memorial and its quality was testament to the fact many Australian families would have had some sort of historical connection to the Repat.

Mr Winther says the veteran links continue to unfold linking the past with the present. One of the rooms of the new Kokoda Gym is named after Private Edward Kenna VC, who was a patient for more than a year in the 1940s after being shot in New Guinea. During his inpatient stay, Private Kenna was informed by the Commanding Officer, Colonel Thomas, that he had been awarded the Victoria Cross for his bravery. Colonel Thomas's granddaughter, Cathy Nall, worked for Repat for many years as the Director of Physiotherapy.

A large replica Victoria Cross, made of bronze, hangs proudly in the lobby of the new building. 'It's a legacy for those down the track, and when the afternoon sun passes across the Victoria Cross it is a bit of magic,' Mr Winther says.

A FAMILY'S COURAGE

The courage of the family of a young Aboriginal woman who was brought to the Austin with fatal injuries has led the way for other health services to promote organ donation within the Aboriginal community.

The 24-year-old woman arrived at the Austin Hospital in February after suffering a serious brain injury. When doctors declared her brain dead, the Austin's Aboriginal Hospital Liaison Officer (AHLO), Suzanne Nelson, began talks with the extended family about the possibility of organ donation.

Cultural Diversity Manager Kerry Wise says the organ donation discussion is always hard, but it was made more difficult as it was a first for the local Aboriginal community and because of the complex nature of Aboriginal families. 'Their extended families are large, supportive and involved and they have a lot of say in what goes on. It's a communal decision-making process and everybody needs to be happy about it,' Ms Wise says.

Ms Nelson coordinated the meeting where the family discussed their choices with the treating doctors and organ donation nurse. A multi-disciplinary team comprising of representatives from the Intensive Care Unit, social workers, pastoral care, security, the Red Cross, the Aboriginal Advancement League and the Office of the Minister for Families, Housing, Community Services and Indigenous Affairs, Jenny Macklin, ensured the family's wishes were followed.

'The whole care team managed a most delicate situation with appropriate cultural sensitivity, respect and care,' Ms Wise says.

The family's decision enabled two patients to receive much needed organs and since Ms Nelson presented the case at a conference in June, other AHLOs have been inspired to talk to the families of their Aboriginal patients about organ donation.

Aboriginal and Torres Strait Islander Health Program

Suzanne Nelson,
Aboriginal Hospital
Liaison Officer, chats with
patient David Marnell.



The Ngarra Jarra Aboriginal Health Program serviced 3,130 patient attendances at Austin Health in 2010-2011, with about half of those being outpatients.

Aboriginal Hospital Liaison Officers (AHLOs) Suzanne Nelson and Joanne Borg have had a busy year – they ran 13 training sessions for staff in cultural awareness and the role of the AHLOs; they made appointment reminder phone calls to every outpatient who had identified themselves as Aboriginal or Torres Strait Islander; they visited those who failed to attend to identify and overcome barriers; and they liaised with social work, pastoral care, palliative care and other areas to provide appropriate referrals and discharge plans.

A strong collaborative relationship has been established with Access Services for Koories (ASK), a partnership organisation between the Victorian Aboriginal Health

Service and the Northern Division of General Practice. ASK case coordinates 15 shared clients in consultation with the Austin's AHLOs to help these patients with discharge planning and management of their own health outcomes.

The program is also working on a scheme to assist in the identification of Aboriginal and Torres Strait Islander patients on admission, after receiving a one-off grant from the Victorian Department of Health, and has now developed its own resources pamphlet, *Caring for Aboriginal Patients in Hospital*, with culturally-appropriate information for staff.

The Ngarra Jarra Aboriginal Health program follows the Improving Care for Aboriginal and Torres Strait Islander Patients Program (ICAP) guidelines and operates with the support of the Austin Health Aboriginal Health Advisory Committee.

SORRY DAY



The elements of earth, fire and water were used in a moving ceremony at the Austin to commemorate the Stolen Generation on Sorry Day in May.

Staff, patients and members of the community were invited to touch the red earth of country, feel the heat of fire and the cleansing flow of water as a tribute to those Aboriginal children taken from their families.

Cultural Responsiveness Plan

The Cultural Diversity Unit at Austin Health provides a range of quality services to staff and consumers supported by the Cultural Responsiveness Plan 2010-13, the Ngarra Jarra Aboriginal Health Program for Aboriginal and Torres Strait Islander Patients and the Interpreter and Translation service. This year the unit has been working towards meeting the following standards outlined in the Department of Health's Cultural Responsiveness Framework.

Standard 1 - MET

A whole-of-organisation approach to cultural responsiveness is demonstrated

- Austin Health's Cultural Responsiveness Plan 2010-13 was developed and approved by the Austin Health Board, and was submitted to the Department of Health
- the Cultural Diversity Committee is planned to convene in the third quarter of 2011

Standard 2 - MET

Leadership for cultural responsiveness is demonstrated by the health service

- resources for written information in plain English and the Caring for Aboriginal Patients brochure have been developed
- through the National Sorry Day commemoration, we are raising awareness of the Stolen Generation

Standard 3 - MET

Accredited interpreters are provided to patients who require one

In 2010-2011:

- 11,904 interpreter requests were received
- interpreters were supplied for 95% of all requests
- interpreters for 62 different languages were provided
- 89.3% of requests were for the top 10 languages, with all but Vietnamese being covered by in-house interpreters
- 100% of service complaints were addressed and resolved
- 100% of translation requests were provided in 20 different languages
- translated patient information was provided in the five top languages

Standard 4 - MET

Inclusive practice in care planning is demonstrated

The Cultural Diversity Unit contributed to the development of cultural plans across some service departments, including culturally appropriate discharge planning for Aboriginal patients.

Standard 5 - MET

Culturally And Linguistically Diverse (CALD) consumers involved in service planning and improvement

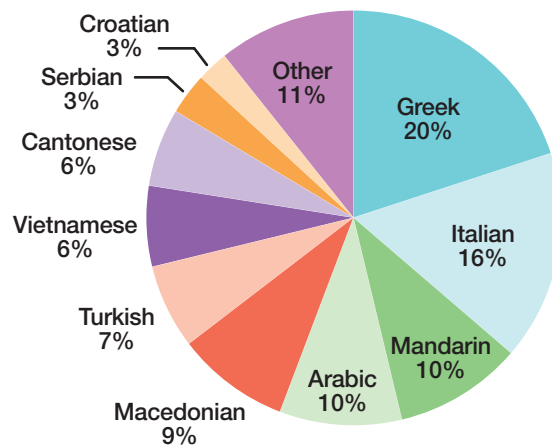
- there is regular reporting to the Consumer Advisory Committee (CAC)
- links between the CAC, the Aboriginal Health Advisory Committee and, in the future, the Cultural Diversity Committee are maintained by the CAC consumers
- Aboriginal Hospital Liaison Officers contributed to the planning of the Victoria-wide Improving Care for Aboriginal and Torres Strait Islander Patients Program developmental review, including presentation of a case study

Standard 6- MET

Staff provided with development opportunities

- Cultural Awareness Training, including the Working with Interpreters session and the Ngarra Jarra Aboriginal Program What is my role? sessions, have been provided to staff across Austin Health

Language requests provided in 2010-2011
(total number = 11,567)



During 2010- 2011 requests for Greek, Italian, Mandarin and Arabic interpreters constituted over half of all language services provided by the Cultural Diversity Unit.

Working in partnership strengthens cultural understanding

Austin Health is committed to providing culturally appropriate care to its diverse population.



Community Advisory Committee representative Yusuf Sheik Omar's support for the health service is clear, with his name among those engraved in the commemorative circle.

Recently Palliative Care Unit staff and members of the Somali community had the opportunity to work together to strengthen their understanding of how care can be delivered to meet the needs of patients from diverse cultural backgrounds.

When an elder from the Somali community was admitted to their ward, he was visited by many members of his family and community, who organised a catered gathering on the ward to pay their last respects to him. The nursing staff found it challenging to create a quiet and peaceful atmosphere for other patients in the ward. The ward invited the Cultural Diversity Unit afterwards to discuss strategies for coping with a similar situation in the future. Nursing staff decided they would appoint a visitor spokesperson and provide a waiting area in a sheltered garden space away from

other patients. Most importantly, they were encouraged to continue having respectful conversations with patients to better understand their cultural beliefs.

Community Advisory Committee (CAC) representative Yusuf Sheik Omar has been working with the Somali community to try and encourage them to stagger their visits to make them more manageable for staff, but says, 'everything makes sense when you put it in a cultural perspective. In Somali, if I don't go and visit, the person's relatives may perceive I am not a compassionate person. We need to learn from each other and develop a tolerance and acceptance as well.'

Mr Omar's input is just one example of the importance of having a diverse range of views on the CAC. Mr Omar joined the

HOW TO BECOME INVOLVED AT THE AUSTIN

Have you got something to say? Would you like to become involved in shaping services and improvement initiatives at Austin Health?

There are a number of ways in which patients, their family members, carers, advocates, friends and members of the community at large can participate. Putting your name down on the Austin Health Consumer Register or becoming a member of the Community Advisory Committee, are just two examples.

If you would like further information about consumer participation, please contact the Consumer Participation Support Officer on 9496 5186 or e-mail anna.sieracka@austin.org.au.

committee eight months ago with the aim of representing the views and concerns of Somali and other recently arrived migrant groups. 'Banyule has the second largest Somali community in Melbourne, over 3,000 people, so they are very heavy users of the Austin,' Mr Omar says.

Mr Omar is hoping his contribution on the CAC will assist Austin Health to develop more cultural awareness and sensitivity, he says, 'people need some support and some understanding of other cultures - to put themselves in the shoes of others.'

Whilst Mr Omar has no personal experience of care at Austin Health, he has been many times to visit family and friends and his name is on one of the donor bricks at the entry to the hospital. 'I feel a part of the place,' he says.

Encouraging feedback improves quality of service

Lyn Robertson and Noelene Stevens never know what is going to prompt someone to seek their help, but they always try to ensure that whatever the problem, every effort is made to assist.

Most complaints that arise can be resolved directly by the staff involved at the local level. The ‘on the spot’ response to problems can be a quick and effective way of addressing issues before they escalate. It can bring all the involved parties to consider the best solution to the situation as it unfolds and it can also reduce distress to all involved.

‘We encourage patients and family members to raise their concerns directly with staff providing care as a first step. However, if that is too difficult they can contact us about their concern, so it can be sorted out as early as possible’ Mrs Robertson says.

In the past 12 months the Patient Representative Team have handled more than 2000 cases – each one being seen as a learning opportunity for service improvement.

Complaints have ranged from trees obscuring signage to the hospital, to anxiety

about the quality of patient care and waiting times in the Emergency Department. The majority of complaints in the past financial year were related to treatment and/or communication.

Every month, complaints data is trended and reviewed by Austin Health’s peak Executive and Board level committees, with substantial complaints being individually presented and discussed to ensure that appropriate improvements have been put in place. Frequently, complaints provide Austin Health with opportunity to enhance the way in which services are provided.

When the Patient Representative Office received three complaints about a lack of wheelchairs for patients being dropped off at the front of the hospital, a meeting of key staff was called. The result? Four more wheelchairs were purchased and designated to be kept at reception to facilitate patients’ easy access to the treatment areas.

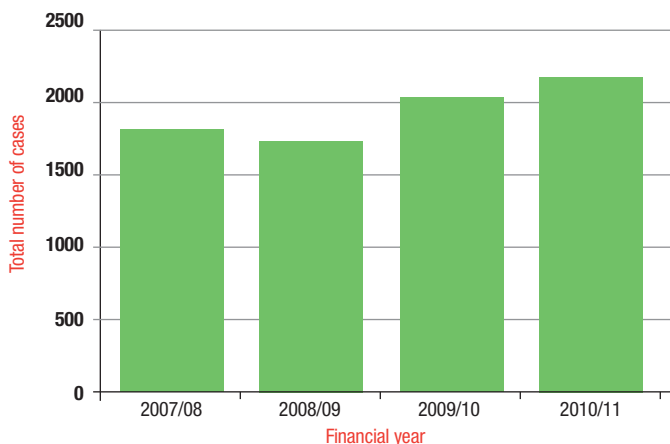
‘We were able to get back to the families and apologise, and say, “this is what’s happening as a result”,’ Mrs Robertson says.

The Patient Representative Office can be contacted on 9496 3566.

PATIENT COMPLAINT ADDS TO CHANGE OF PRACTICE

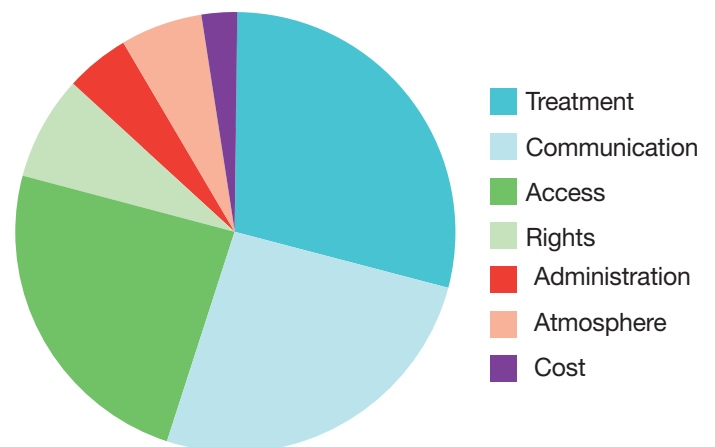
Austin Health is reviewing patient identification processes to ensure that they fall in line with the new national standards. This will reduce a chance of incorrect identification as was the case with a complaint lodged with the Patient Representative Office by a patient who had a wrong wristband attached. The patient was concerned that they may have been given wrong medications. In response to this complaint the manager of the area undertook an immediate investigation which found that the patient’s medications and treatment had all been given correctly. The patient was offered an apology and was given reassurance that his management had not been affected because of the error.

Number of cases resolved by the Patient Representative Office



Over the past financial year, the Patient Representative Office handled more than 2000 cases.

2010-2011 Austin Health complaints by issue



The majority of complaints in the past financial year related to treatment (29%) and communication (26%).

Nursing health assistants boost patient satisfaction



Health Assistant Nursing,
Carolyn Pogue with Nurse,
Nadine Buckton

The health service's vision in creating a new nursing role has paid dividends for patients and staff alike.

Patient complaints have almost halved in wards benefiting from Austin Health's creation of a new Health Assistant Nursing (HAN) role.

Austin Health introduced six HANs across three wards in a pilot program in 2009 to assist patients with activities of daily life.

'In the six months prior to the introduction of HANs, the three pilot wards received a total of 60 complaints, this dropped to just 33 in the six months after', says Ann Maree Keenan, Director of Ambulatory and Nursing Services.

HANs are able to undertake non-clinical duties that might otherwise have taken longer, or not happened at all. The HANs ensure that elements of patient care, like shaving a male patient or applying make-up to a female patient are done even when nurses are extremely busy with the more technical tasks that directly impact on patients' clinical outcomes. They also assist the nurses to feed patients, assist with toileting and ensuring that patients' hygiene needs are met.

'Austin Health is the first Victorian Metropolitan health service to create a nursing assistant role, effectively reducing the workload and stress on Registered and enrolled nurses. It is hoped this strategy to alleviate nurses' workload will attract greater nursing talent to the Austin and have flow-on benefits far into the future,' Ann Maree concluded.

The Austin employed 24 additional HANs in May this year, ensuring every acute ward has two HANs, with the exception of paediatrics, which does not have the same need.

CHARTER OF HEALTH CARE RIGHTS AND RESPONSIBILITIES

Austin Health reviewed and updated its Charter of Health Care Rights and Responsibilities in 2010 to align it with the Australian Charter of Health Care Rights, which was developed by the Australian Commission on Safety and Quality in Health Care. The updated charter was distributed across the three sites and is now provided to all new Austin Health employees as part of their starter pack.

As a patient at Austin Health you have the right to:

- receive high quality care in a safe, comfortable setting
- be treated fairly and with respect, regardless of your age, gender, sexual preference, religion and culture
- have clear information about your services, treatment options and costs
- receive treatment that meets your health care needs
- have your privacy, dignity and personal safety respected
- give a compliment or make a complaint, your concerns or complaints will be taken seriously
- leave the hospital against medical advice, in most cases, if you leave, you will be required to sign a form accepting responsibility

To help us give you the best possible care your responsibilities are to:

- tell us about your illness and hospital visits, symptoms, medications, allergies and other health-related matters
- tell us about your religious or cultural requirements
- treat everyone that you meet at Austin Health with care and respect
- tell us if you are unable to attend your appointment so that we may reschedule it

The full version of the Austin Health Charter can be accessed by typing the word 'charter' into the search box at www.austin.org.au.

Screening tool helps cancer services meet patients' needs

A wellness program supports cancer patients with their physical, psychological, social, information and spiritual needs.

Learning you have cancer can be confronting. But, whilst the need for medical assistance is obvious, people's differing reactions and circumstances mean they can have a range of other needs. Austin Health has introduced a program to ensure patients are screened for their supportive care requirements at the beginning of their treatment.

Utilising funding from the North Eastern Metropolitan Integrated Cancer Service (NEMICS), in 2009 Austin Health introduced a supportive care screening process. This involves the patient completing a Distress Thermometer Screening Tool. A discussion then takes place between the patient and a trained staff member to explore strategies that can be put in place to support the patient in managing identified needs.

The tool covers a wide range of supportive care requirements, including physical, psychological, social, information and spiritual, and was developed after wide consultation with consumer groups. The tool gives the patient the opportunity to consider and identify their own individual circumstances.

Christine Scott, Manager of Wellness and Supportive Care in Cancer Services at Austin Health says 'People have different needs at different times in their journey with cancer. Some of those needs are practical, such as help with transport to the hospital or childcare, while others can be physical such as managing fatigue, or psychological, such as worry and anxiety.'

Where appropriate, the patient is then referred across the care continuum to ensure that their supportive needs are being met. The majority of referrals have been to social work, dieticians, occupational therapists, medical staff, pastoral care, the Brain Tumour Support Officer and nursing staff.

'Most patients found the screening process beneficial, with a number of them saying



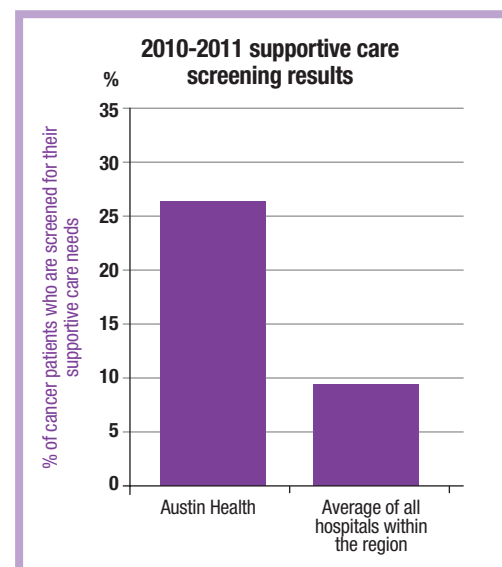
Colleen Berry, Radiation Therapist and Supportive Care Facilitator chats to patient Desma Soltan.

they hadn't felt they could raise those issues previously as their doctor was so busy, so it's made a difference,' Ms Scott says. For example, one patient stated 'it helped bring my attention to things I needed to bring up with the nurse, things that I had forgotten.'

This year screening has been extended in radiation oncology so that patients undergoing radiation therapy are screened for supportive care needs on commencement of treatment and again several weeks into their treatment. 'Repeating the assessment has been really beneficial to pick up problems that may have developed due to side effects and end of treatment concerns' Radiation Therapist and Supportive Care Facilitator Colleen Berry says.

Austin Health has secured further funding from NEMICS to extend screening to other areas of the health service where there are cancer patients, such as palliative care, outpatients and surgical oncology. This puts Austin well on track to meet the Victorian Government's target of screening 50% of newly diagnosed cancer patients for their supportive needs by 2012.

Ms Scott says the experience to date will inform the types of supportive care services that will be provided in the Olivia Newton-John Cancer and Wellness Centre, the first stage of which is to open in mid-2012.



In 2010-2011, Austin Health's supportive screening results were above the average result of other hospitals within the region, putting Austin Health on track to meet the Victorian Government's supportive screening target of 50% in 2012.

Deborah Bowen at the Repat Dialysis Unit with Registered Nurse Michael McLeod.



Home based services increase options for dialysis patients

Treatment options for dialysis patients at Austin Health are expanding, providing greater choice to patients.

The Austin Health home dialysis program provides education and 24 hour support for patients to manage their treatment at home. Home dialysis therapy, which can be undertaken for 8-10 hours overnight, or a few hours every day or every second day, can offer better outcomes than hospital based therapies and is preferred by many patients as it offers more freedom and independence. Currently 15% of Austin Health dialysis patients have home dialysis, which may be peritoneal dialysis, haemodialysis, or a newer treatment, haemodiafiltration. Austin Hospital commenced haemodiafiltration at home in 2010 and is currently the only service to do so in Victoria.

The success of home based dialysis therapies is encouraging and renal services are looking to expand the program. More flexible criteria will be considered to allow patients, who currently cannot access home

dialysis due to their circumstances, to reap the benefits of the service.

One such patient is Deborah Bowen. Twelve hours a week, Ms Bowen reclines in a chair at the Repatriation campus of the Austin as a machine performs the cleansing function that her kidneys are no longer able to carry out.

Ms Bowen, along with her brother and younger sister, suffers from Polycystic Kidney Disease, a genetic condition. In 2007, Ms Bowen's kidneys failed and she was forced to rely on automatic peritoneal dialysis, which involved connecting herself nightly to a machine that flushed out her body's waste products whilst she slept.

In 2009, Ms Bowen received a kidney transplant but, unfortunately, she was beset by problems. She spent almost 12 months in hospital with complications and infections until the organ was removed a year later. With her condition worsened, she was forced to begin the more invasive hemodialysis treatment which involves three weekly sessions at the hospital.

LOOK AFTER YOUR KIDNEYS

Kidney disease has a range of origins from genetic autoimmune disease, to causes that can be prevented, or reduced, with healthy lifestyle choices.

Kidney Health Australia recommends:

- a balanced diet – not too high in saturated fats
- exercise 30 minutes per day
- don't smoke
- choose to drink water when thirsty
- to maintain your
 - weight within normal limits
 - blood pressure below 130/90 – ask your GP to check
 - cholesterol under 5.5 mmol/litre
 - if you are diabetic keep blood glucose between 4-8 mmol/litre

See www.kidney.org.au for more information.

So every Monday, Wednesday and Friday morning, the former teacher librarian spends four hours on the dialysis machine at the Repat. 'At first I thought I can't sit here for four hours, but you get used to it. I normally read the paper, do the Sudoku, have a nap,' she says. 'You manage to fill in your time somehow'.

Allyson Manley, manager of the Renal Department, says that while a kidney transplant offers the best long term health outlook for patients like Ms Bowen, it is hoped that in the future more patients, will have the option of home haemodialysis.

Ms Bowen urges people to register to be an organ donor. In the past two weeks she has had her own right kidney removed to make space for a donor organ, enabling her to go back on the transplant list. However, she anticipates a five year wait before her name is likely to come up.

In the meantime, she says her condition has started to improve and she has put 13kg onto her previously skeletal frame. 'In the last month or two I have even thought I could probably almost work again ... so if I got a transplant soon – I turn 50 this year – I would probably have a go at going back to work.'

New business carves future for rehabilitation patients

River Enterprises assists rehabilitation patients by creating meaningful activity, social inclusion as well as practical tools to improve their lives.



Angus Stewart takes part in the new woodwork enterprise at Royal Talbot Rehabilitation Centre.

Persons who have completed centre based rehabilitation at the Royal Talbot Rehabilitation Centre are making good use of their firsthand experience of the frustrations faced by people with disabilities through the launch of River Enterprises, a Social Enterprise that designs, builds and markets items to assist people with disabilities.

River Enterprises was created earlier this year with a \$5,000 grant from the City of Boroondara and the assistance of the Swinburne University's Faculty of Business, which helped develop a business plan. River Enterprises has developed from the Royal Talbot's Woodworking Program, which began 16 years ago in its current form for inpatients and outpatients. The woodcrafts created by patients through the woodworking program ranged from coffee tables and magazine racks to toy trains and chess sets.

The aim is for River Enterprises is to be self-supporting, utilising the participation of both able bodied and disabled volunteers with all aspects of the business, including marketing and design. Program Coordinator, Alec Babos, says 23 products have already been developed including a plastic coated transfer board to assist people to move to and from their wheelchair and a cutting board for people with the use of only one arm.

A specific program, the Talbot Shed, for people with Acquired Brain Injury was also started six years ago, in partnership with Eastern Access Community Health. This program is also working with River Enterprises, which supports patients in their journey back to being productive members of the community.

Mr Babos says being involved in something creative and challenging provides participants not just with camaraderie and an interest, but enhances their self-esteem. He believes those benefits will only increase with the business model of River Enterprises.

'They have been the recipient of services and now they are very pleased to be able to give something back to others' Mr Babos said.

THE TALBOT TORNADOS

Sport is being used as an effective tool to raise patients' expectations of what they can achieve after a spinal cord injury or amputation.

Early on in patients' rehabilitation journey at the Royal Talbot Rehabilitation Centre, Community Integration and Leisure Specialist, Campbell Message, takes them to see the wheelchair basketball team the Talbot Tornados in action.

The team competes in a weekly competition run by Disability Sport and Recreation. 'It's great to be able to show them they



Wheelchair basketball team, the Talbot Tornados.

can still have something positive in their lives...it enhances their expectations of possibilities,' Mr Message says.

'There are a lot of nonverbal cues in society that you are limited and your disability is a barrier. This demonstrates very powerfully that they can still have fulfilling lives.'

Not everyone who takes to the court is disabled and it's a great way for family and friends to gain a respect of their loved ones skills. 'It's great fun and it's really powerful because the wheelchair becomes a tool for sport rather than a device to get over your disability,' Mr Message says. 'A lady told me that she loved watching her son playing basketball because it was fantastic for her to see his life wasn't over.'



Brain Disorders Program team celebrate receiving the Spirit of Anzac Award.

Brain Disorders Program supports the journey to independence

Being greeted by name at the local video store may not seem to be a big deal to most people, but for inpatients at the Brain Disorders Program (BDP) at the Royal Talbot Rehabilitation Centre, it is proof that they are still part of the wider community.

A weekly trip to the video store is just one of the ways staff at the BDP work with patients to ensure their social, emotional and spiritual needs are met. These and other activities, including regular newspaper discussion groups, outings, guest speakers and prayer groups, are included in individual care plans that are in place for each patient in the program. The patient, their family and other health and community services are involved in the development of the care plan. This ensures the plan is

tailored to the individual patient's needs and will assist them in their journey towards independence.

In recent years innovations such as the appointment of a carer/family consultant and enhanced involvement of community-based services in care planning has resulted in an increase in the number of patients who are discharged from the specialist unit to home or care placements in the community.

The engagement of many stakeholders in the planning process has also led to greater satisfaction from clients and family and ensures continuity of care in the community. In a recent satisfaction survey, one carer wrote 'The care provided is utopian compared to many other facilities

I have seen over a great number of years. The warmth and professionalism provided by staff cannot be faulted.'

The success of the Brian Disorder's multi-disciplinary program, which includes nurses, allied health professionals and medical staff, resulted in the team receiving the Austin's Spirit of Anzac Award for 2011. The award celebrates the spirit of the Anzacs at Gallipoli by recognising the individual contributions of staff teams to Austin Health's growth and unique culture.

Physiotherapist Joan Stephens, who nominated the team for the award, says she was compelled to do so because of 'the compassion that they show and the way they treat every patient with respect' and the strong team spirit in the BDP.

RESEARCH AIMS FOR NEUROLOGICAL RECOVERY

Scientist of the Year, Professor Mary Galea is at the forefront of a new approach to rehabilitating patients with spinal injuries.



Austin Scientist of the year Mary Galea with patient Gabriel Moraitis.

Professor Mary Galea's confession that she doesn't sleep much does not come as a surprise. Her list of achievements and research interests is exhaustive and has led to her being awarded the Austin Medical Research Foundation's Distinguished Scientist Award for her leadership and mentoring in the field of physiotherapy.

Under Prof. Galea's watch, multiple Austin Health staff have completed post graduate research studies and she continues to collaborate with professionals from a broad range of disciplines. As Professor of Clinical Physiotherapy and Director of the Rehabilitation Sciences Research Centre at The University of Melbourne, Prof. Galea has overseen projects involving gait analysis of amputees and stroke patients, assisting engineers improve the fitting and creation of sockets for amputees, and exercise programs for postnatal women. 'We're also developing a robot to use with stroke patients to try and encourage movement of their affected arm,' Prof. Galea says.

Her most recent effort has brought together all eight spinal units in Australia and New Zealand to secure a \$5 million grant for a research program with the potential to radically change the management of spinal patients.

'Traditional management of spinal cord injuries has focused on building strength in the muscles that patients can still activate,' Prof. Galea says. However, under this model, the paralysed limbs waste away, circulation is compromised and patients are at risk of pressure ulcers and osteoporosis. 'Research is showing that repairing the spinal cord and recreating neural connections is possible, which makes it vital to maintain the paralysed body.' With funding from the Victorian Neurotrauma

Initiative, Prof. Galea has led the Spinal Cord Injury and Physical Activity (SCIPA) initiative. SCIPA has four projects: Hands-On, which focuses on improving hand function; Full-On, a full body conditioning program using treadmills and exercise bikes; SCIPA Com, an online training program for fitness instructors to educate and encourage them to work with spinal patients; and, an early intervention exercise program.

The Hands-On study encourages patients to exercise their hands by playing computer games. The patients wear a glove that has a stimulator embedded in it, which they can activate to make their hand open and close. The Full-On study uses body weight-supported treadmill training and functional electrical stimulation-assisted cycling. 'Because the nervous system below the level of the injury is seemingly intact, we can actually stimulate muscles using the peripheral nerves that are still functional,' Prof. Galea says.

SCIPA Com is an online training program for fitness instructors who are interested in working with spinal cord injury patients in the community. 'We want them to run an exercise program for a person with spinal cord injury and we want to evaluate it.'

An early intervention study will begin next year, using electrical stimulation to exercise people while they're still confined to bed after their injury.

Prof. Galea says the hope is that by working with patients from the time of injury through to their rehabilitation into the community, it will improve their outcomes, health and wellbeing. 'There might be a bonus – that we might actually see some neurological recovery – and that would be a very good thing.'



Mary and Gabriel using the stimulatory in a rehabilitation session.

Empowering patients

The Austin's diabetes educators work with patients in and out of the hospital to help them avoid debilitating complications.

Empowering more patients with diabetes to be responsible for their condition is a key aim of Austin Health's diabetes services, which provide a comprehensive range of programs to assist people with diabetes who are inpatients, outpatients and those in the community.

The inpatient diabetes education program operates throughout the health service's three campuses on a referral basis, working closely with the endocrine registrars. Its educators also work extensively in several endocrine specialist (outpatient) clinics, run groups and programs to assist both newly-diagnosed, and people with long-term diabetes, about aspects of care such as blood glucose monitoring and the latest in diabetes care.

A substantial component of the Hospital Admission Risk Program (HARP), which has an overarching aim to reduce the number of people who present to hospital, is management and prevention of diabetes.

As part of a new co-operative initiative commenced in March this year, a HARP Diabetes Educator visits Hawdon Street, the psychiatric outpatient service each week. 'A lot of clients with a mental illness are at a higher risk of developing diabetes because of lifestyle issues and also because anti-psychotic medication can cause them to gain weight,' says Mr Alan McCubbin, the HARP Diabetes Program Coordinator.

Diabetes Educator Anne McLeod chats with a patient.



'We initiated working with the psychiatric staff to increase the number of patients who are routinely screened in the clinic for diabetes, or pre-diabetes conditions, such as elevated lipids. There is under-identification of people at risk of diabetes. The psychiatric outpatient program is taking steps to ensure all patients are screened and receive appropriate follow up advice and support from the diabetes educator and their case managers on managing their diabetes.'

Austin Health Diabetes Complication and Assessment Service (DCAS) is working collaboratively with local service providers to better address the needs of the growing number of people in the community with diabetes. The DCAS operates out of Heidelberg Repatriation Hospital site and at three community health care services in Banyule, Nillumbik and Darebin local government areas.

The DCAS team consists of a diabetes nurse educator, podiatrist and a dietician who work in collaboration with diabetes specialist physicians. Patients, who have been identified as having diabetes, receive education and work with team members on how to better manage the condition and prevent the development of complications.

Mr McCubbin says the DCAS encourages all patients with diabetes to be checked annually for conditions associated with diabetes, such as glaucoma, or damage to the back of the eyes, known as retinopathy. Detecting eye damage early can prevent blindness.

For more information about diabetes go to diabetes Australia Victoria, website www.diabetesvic.org.au



Main photo and insert show the newly completed Garden Rooms at Royal Talbot.



Green Therapy

The commitment and enthusiasm of staff has enabled Austin Health to slash its landfill waste by 24%, or the equivalent of a tonne a day, and reduce its power consumption.

Sustainability and the environment are integral elements of Austin Health's Strategic Plan with its Environmental Management Strategy outlining a commitment to achieving a reduction in resource consumption, waste volume and an increase in greening initiatives.

To that end, the health service has undertaken sustainability measures such as the installation of water tanks for garden use and the upgrade of gas boilers, which

have resulted in significant reductions in water and gas use from 2009–10.

A key initiative has been the development of an innovative Gardens and Grounds Master Plan. The plan is informed by research that shows garden areas within healthcare facilities can improve the physical, emotional and psychological outcomes of patients and assist with patient and staff satisfaction.

The plan values those therapeutic benefits for patients, visitors and staff, as well as the environment in general, and details the green spaces that are to be developed as donated funds are sourced.

	09/10	10/11
Electricity	40.5 million kWh	41 million kWh
Gas	299,500 GJ	280,000 GJ
Water	230,700 kL	224,500 kL

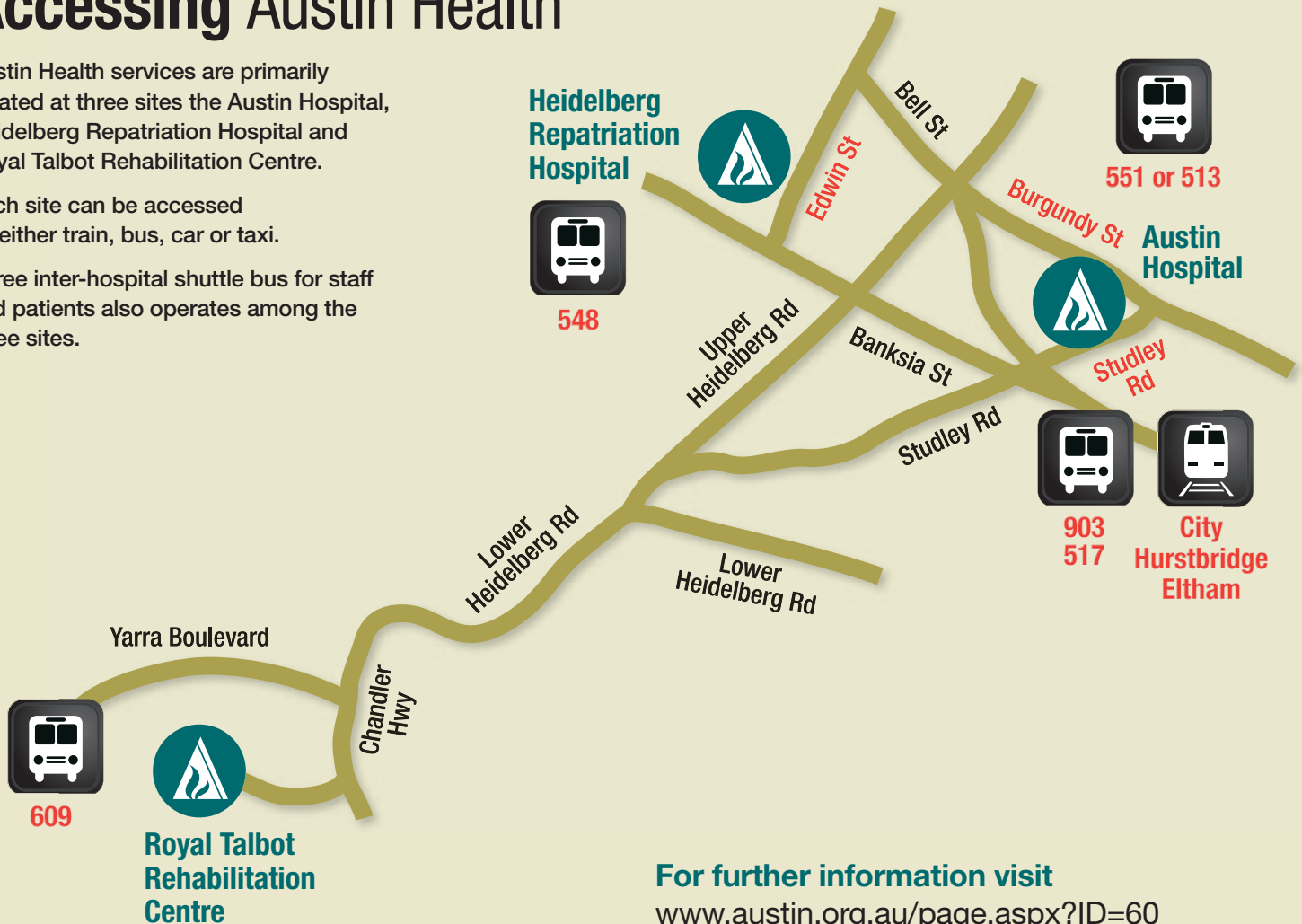
Comparison of the resource usage over the past two years showing the impact of sustainability initiatives.

Accessing Austin Health

Austin Health services are primarily located at three sites the Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre.

Each site can be accessed by either train, bus, car or taxi.

A free inter-hospital shuttle bus for staff and patients also operates among the three sites.



For further information visit
www.austin.org.au/page.aspx?ID=60

Contact Directory

Austin Health
 Ph 03 9496 5000
 PO Box 5555
 Heidelberg Victoria 3084
www.austin.org.au

Austin Hospital
 145 Studley Rd
 Heidelberg 3084

Heidelberg Repatriation Hospital
 300 Waterdale Rd
 Heidelberg West 3081

Royal Talbot Rehabilitation Centre
 1 Yarra Boulevard
 Kew 3101

Consumer Participation Support Officer
 Anna Sieracka
 Ph 03 9496 5186
anna.sieracka@austin.org.au

Corporate Communications
 Taryn Sheehy
 Ph 03 9496 6691
taryn.sheehy@austin.org.au

Cultural Diversity Unit
 Kerry Wise
 Ph 03 9496 3369
kerry.wise@austin.org.au

Fundraising
 Sharon Hillman
 Ph 03 9496 5116
sharon.hillman@austin.org.au

Patient Representative
 Lyn Roberton
 Ph 03 9496 3565
lyn.roberton@austin.org.au

Quality Safety and Risk Management Unit
 Filomena Ciavarella
 Ph 03 9496 3353
filomena.ciavarella@austin.org.au

Volunteer Services
 Leonie Mutimer
 Ph 03 9496 2337
leonie.mutimer@austin.org.au