



2015

WELCOME

I am pleased to introduce Austin Health's 2015 Quality of Care Report. The report demonstrates our ongoing commitment to the delivery of safe, high quality healthcare and outlines our quality improvement program. We hope you enjoy the new calendar format!

This year has been a busy and exciting one for Austin Health as we continue to meet the challenge of ongoing growth through innovation, collaboration and redesign.

Austin Health continues its strong leadership in the adoption of e-health initiatives and electronic medication management with the introduction of a new electronic medical record into the Austin Hospital Emergency Department (ED). The system has built-in decision support mechanisms to help clinicians put patients on the right care pathway. The system has

integrated our ED into the hospital-wide electronic system which means all clinicians across the hospital use the one electronic documentation system.

Austin Health is also the first public hospital in Victoria to pilot inpatient electronic observation charts as part of electronic medical records. Introduced into three wards, the electronic observation charts use graphical displays on a computer screen to alert clinicians when a patient requires clinical review. With less room for human error, we see improvements in accuracy and patient safety.

Over the past year, we have collaborated with the CSIRO and Health IQ to develop a patient admission prediction tool. This pioneering new tool helps bed management teams and inpatient wards predict the likely admission of patients to better ensure beds are

available for patients at the right time and in the right location.

We have seen enormous improvement in the management of patient deterioration at the Heidelberg Repatriation Hospital resulting in a greater than 50 per cent reduction in emergency transfers. The implementation of the Urgent Clinical Review has enabled earlier identification and management of these patients. As a result, there has been a significant reduction in the number of medical emergency response calls.

In a major step forward, Austin Health's Pathology Laboratory was the first in Australia to introduce the Kiestra automation system. By automating manual processes in the microbiology laboratory, we can process specimens, produce results and make decisions about treatment sooner.

Austin Health was delighted to join the Melbourne Genomics Health Alliance this year – a powerful partnership between Victoria's leading hospitals and research organisations. The Alliance brings together clinicians and researchers to better understand patients' entire genetic sequences (known as the genome) to inform decisions about care and disease prevention.

Advances in quality of care are often underpinned by clinical research. This year we have had a number of staff recognised for their work.

Congratulations to Professors Sam Berkovic AC and Ingrid Scheffer AO who won the 2014 Prime Minister's Prize for Science for their respective contributions to the field of epilepsy.

Professor Rinaldo Bellomo became the very first and only biomedical researcher in Australia and

New Zealand to have ever reached over 1,000 Scopus cited publications.

Associate Professor Larry McNicol received a Victorian Health Lifetime Achievement Award for his contribution to anaesthesia, clinical governance and patient safety; and Dr Jennifer Johns was appointed as a Member of the Order of Australia for 40 years service to the field of medicine.

Congratulations to these staff members for their outstanding contributions.

I hope you enjoy our 2015 Quality of Care Report and thank you to everyone who contributed their stories.



Dr Brendan Murphy
Chief Executive Officer

BUYING TIME FOR LIVER TRANSPLANTS

Surgeon Graham Starkey with critical care research director, Professor Rinaldo Bellomo

Exciting new research could potentially buy transplant surgical teams more time to assess the health of donor livers.

“We are trying to replicate outside what would be happening if the liver were inside. So we have the type of blood pressures, flow, nutrients and oxygen delivery that would be happening if the liver were already in the body.”

DID YOU KNOW?

Blood from the digestive system must first filter through the liver before it travels anywhere else in the body.

The stakes are incredibly high for every liver transplant performed at Austin Hospital. Limited time to assess the health of donor livers makes surgeons’ jobs very challenging but Austin Health staff have undertaken exciting new research that could potentially buy surgical teams more time.

Led by critical care research director, Professor Rinaldo Bellomo and the Liver Transplant Unit, the group have created Australia’s first machine to keep the liver functioning outside the body.

“We are trying to replicate outside what would be happening if the liver were inside,” says Prof Bellomo. “So we have the type of blood pressures, flow, nutrients and oxygen delivery that would be happening if the liver were already in the body.”

The liver is made to feel as though it is in its normal environment meaning it can be transported and transplanted in a state of wellbeing; a state that is not replicable when a liver sits in an esky for three or four hours before being transplanted.

“We can look at how it appears, its softness, the way it is functioning,” says Prof Bellomo. “You can undertake blood tests on it, you can see it making bile the way it would normally and you can take parts of it and send them to a pathologist for testing.”

Currently surgeons have approximately eight hours to complete a transplant operation after a donor liver has been retrieved.

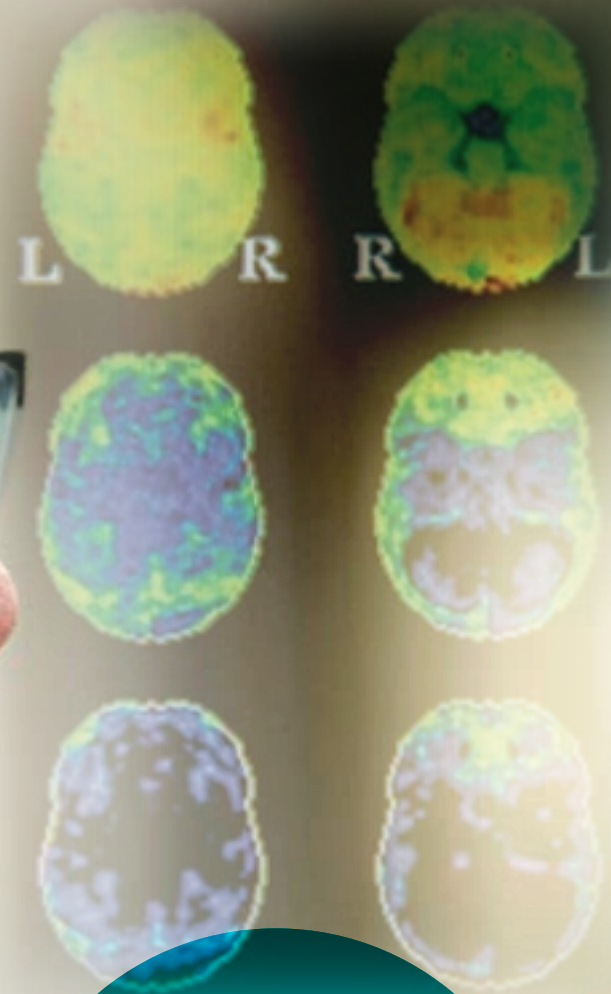
Liver transplant surgeon, Graham Starkey says it is still unknown how long the machine can safely preserve a liver but livers have been successfully transplanted up to 24 hours after retrieval in experimental models.

The first human donor trial of the machine will occur soon.

UNLOCKING THE MYSTERIES OF THE MIND



Associate Professor
Michael Woodward



Austin Health is participating in the Dominantly Inherited Alzheimer's Network Trial testing drugs to prevent, delay or reverse Alzheimer's changes in the brain.

"If this works, we'll have an effective treatment for Alzheimer's disease not only for people with this rare young-onset form but also for Alzheimer's disease patients more broadly."

Jeremy Sides was "the most doting and loving dad" which is why Laura knew something was awry when he failed to show up to her 21st birthday. It was devastating for Laura to watch her father, who was once a successful and well-loved doctor, succumb to Autosomal Dominant Alzheimer's Disease (ADAD) at 60 years of age; and terrifying to learn she had a 50 per cent chance of enduring the same fate.

Approximately 200 Australians suffer from ADAD. Families with the disease have a dominantly-inherited gene mutation meaning if one parent has ADAD there's a one-in-two chance offspring will also inherit it.

While Laura doesn't feel ready to undergo genetic testing to discover if she has the mutation, she is participating in a world-first ADAD trial.

Austin Health, alongside The Florey Institute of Neuroscience and Mental Health, is one of three Australian sites participating in the Dominantly Inherited Alzheimer's Network Trial (DIAN-TU) which tests drugs that could prevent, delay or possibly even reverse Alzheimer's changes in the brain.

DID YOU KNOW?

Without a medical breakthrough, the number of people living with dementia in Australia by 2050 is expected to be almost 900,000.

Associate Professor Michael Woodward says the combination of our drug trials and Positron Emission Tomography (PET) scanning expertise make Austin Health one of the world's leading dementia research centres.

PET scanning is integral to the DIAN-TU study. Using small amounts of radioactive material, the scanning highlights the existence of amyloid plaque build-up in the brain – a substance that is thought to cause the damage that ultimately leads to Alzheimer's. Antibody medication can then target the build-up of amyloid protein to potentially prevent Alzheimer's from developing in the first place.

Austin Health's Professor Chris Rowe is one of the world's pioneers in PET. Prof Rowe says the study is unique because it is among the first to attempt treatment in people who don't have dementia symptoms.

"It will hopefully prove what has been an hypothesis – that amyloid causes Alzheimer's – but also that amyloid is potentially a way to diagnose dementia early so we can stop people from getting it in the first place. If this works, we'll have an effective treatment for Alzheimer's disease not only for people with this rare young-onset form but also for Alzheimer's disease patients more broadly."

A REAL HEART TO HEART



Heart failure nurse practitioner
Andrea Driscoll with patient,
Richard Letham

Austin Health has reduced the number of patients being readmitted to hospital with heart failure by 16 per cent through the introduction of improved early education and support for inpatients.

“ We looked at the international research and saw that if patients received support while they were in hospital they could actually start to self-manage their heart failure before they went home. It’s all about getting the right support sooner.”

DID YOU KNOW?

An active lifestyle is good for your heart and can help reduce the risk of other preventable diseases.

Patients with heart failure are readmitted to hospital at an alarmingly high rate within their first year of diagnosis but a brilliant collaboration between two hospital departments is seeing these numbers decline.

Heart failure is a chronic disease affecting the heart’s ability to pump blood around the body. While many patients manage heart failure at home, there are times when the condition requires hospital admission. Of these patients admitted, there is a 25 per cent readmission rate within one month of discharge; figures that are reflected both nationally and internationally.

At Austin Health, the departments of General Medicine and Cardiology were determined to reduce the numbers of patients being readmitted to hospital with heart failure but the solution wasn’t immediately clear. There were already programs in place to support outpatients – such as a heart failure nurse to see patients in their own homes and an outpatient clinic. What more could be done?

Andrea Driscoll, heart failure nurse practitioner, says the two teams recognised the need to shift their focus from outpatients to inpatients. “We looked at the international research and saw that if patients received support while they were in hospital they could actually start to self-manage their heart failure before they went home.”

With funding from the Victorian Cardiac Clinical Network (Victorian Department of Health and Human Services), a full time heart failure nurse practitioner was allocated to the hospital to specifically support inpatients. The nurse ensures inpatients receive early education so they are sufficiently informed to confidently manage their condition at home.

“Those first two weeks post-discharge are when patients are at their most vulnerable,” says Ms Driscoll. “If we can better support them to manage that time, they are much less likely to be readmitted to hospital. It is all about getting the right support sooner.”

The early results have been outstanding with a 16 per cent reduction in hospital readmissions. For those patients seen by a heart failure nurse practitioner, 50 per cent are less likely to be readmitted in the future.

The team is confident they can do even more. Following initial success, the Victorian Cardiac Clinical Network has funded a further expansion of the program and a new rapid response outpatient clinic that sees patients within 7 to 10 days of discharge.

“This is an example of how collaboration across hospital teams can really affect quality of care,” says Ms Driscoll. “From here, we can still see plenty of scope to continue to work together to change patients’ lives and outcomes and that’s exciting.”

ROB WINTHER – A SPECIAL BREED



Rob Winther (centre) with veterans
Graeme McSolvin and Jeff Freeman
in the ANZAC Memorial Chapel at the
Heidelberg Repatriation Hospital

Rob Winther celebrates
50 years of service with the
Heidelberg Repatriation
Hospital, the Department
of Veterans Affairs and
Austin Health.

“The Heidelberg Repatriation Hospital really oozes a sense of community. There’s a quality about it that is hard to put your finger on. It is in the grounds and buildings, in the fabric.”

DID YOU KNOW?

Rob Winther is the caretaker of the Austin Hospital Admission Register containing patient admissions from 1882-1921.

In Rob Winther’s large office sits a case. It contains the beautifully handwritten Austin Hospital Admission Register from 1882 to 1921. “That’s history right there; the computer of the day,” says Rob. “Austin Hospital’s very first patient is in there.”

It is difficult not to get caught up in Rob’s enthusiasm when he talks animatedly about the history of Austin Health; and this is one man who is qualified to talk about it. In 2016 he marks his 50th year of service with Heidelberg Repatriation Hospital, Department of Veterans Affairs and Austin Health, with much of that time spent in a role he crafted for himself as veteran liaison officer. It’s a role that enables him to blend his passions as ‘keeper’ of history with advocacy for veterans; and he’s been so successful at it that other hospitals across Australia have set up similar veteran liaison models.

If his office is any indication, Rob Winther is a well-loved and respected man who immerses himself in his work. Certificates of appreciation and honorary memberships, too many to count, line his office walls alongside historic pictures. “What I do is not just work,” he says. “It’s more than that. It’s my hobby.”

And there are other dimensions to his role: public relations manager, projects officer and fundraiser. Over the years his tireless efforts and genuine relationship-building with veteran groups has helped influence millions of dollars of funding for projects big and small – landscaping, gardening and the building of outdoor spaces, the ANZAC Memorial Chapel, the Kokoda Gymnasium, equipment for wards along with the Health and Rehabilitation Centre and the Coral-Balmoral Building. These are just some of the legacies of his fifty year contribution.

Rob missed the call-up for the Vietnam War but with a father who was a member of the famous 39th Battalion defending the Kokoda Track during World War 2, he certainly feels a deep empathy for and connection to the stories and experiences of veterans. “I live with their stories. Veterans are a special breed and I am privileged to work with them. Our veteran patients need to feel special,” he says. “They’ve served their country. They are not to be forgotten.”

“The Heidelberg Repatriation Hospital does a ripper job at this,” he says. “The hospital really oozes a sense of community. There’s a quality about it that is hard to put your finger on. It is in the grounds and buildings, in the fabric,” he says.

Rob is clearly part of that fabric too. “Should I survive to real old bones, I will be the old man out there cleaning the plaques and getting the cobwebs off and telling my stories to all the young staff.”

WHAT'S SINGING GOT TO DO WITH IT?

MAY

The ONJCWRC's Arts in Healthcare Program incorporates visual arts, dance, movement, drama, music, sound, artwork and the personal stories of patients, their families, carers and staff.

Patients, staff and carers raise their voices in the choir at the ONJCWRC

“Sharing experiences or expressing anxieties through creativity can help relieve stress associated with illness.”

A small group of singers sit together quietly waiting in the Olivia Newton-John Cancer Wellness & Research Centre (ONJCWRC) group therapy room. Adam, the choir master energetically bounds in and encourages them to their feet. “Big breath in and release,” instructs Adam. With their hands on their diaphragms, they complete their vocal exercises before breaking into a song – the well-known Beatle’s hit, ‘Hey Jude’.

Throughout history, the arts have helped human cultures share their experiences, understand the world and make sense of their existence.

Similarly in hospitals, the arts can be a powerful way for patients to connect with each other, process their experiences of illness and enhance their health and wellbeing.

Manager of Arts in Healthcare, Lama Majaj, says if patients are worried or feel stressed, an arts program can help them move into a different emotional space. “Sharing experiences or expressing anxieties through creativity can help relieve stress associated with illness.”

DID YOU KNOW?

The ONJCWRC was the first development in Victoria and the largest in Australia to achieve a Green Star Healthcare rating by the Green Building Council of Australia.

There are a variety of arts therapies on offer in the ONJCWRC. Some patients make the most of the hospital arts and music therapy program enjoying the work of artists brought into the hospital to perform; others share their stories with therapists and create pieces of art in one-on-one art therapy sessions. If they are staying in hospital, patients can hang the artwork in their rooms to reflect upon. It can be a point of dialogue with staff.

“Patients’ personalities shine through the artwork,” says Ms Majaj. “Staff come to know the person rather than just knowing the treatment they are receiving; it is a more holistic approach.”

This year, a choir called ‘Something to Sing About’ was established at the ONJCWRC open to anyone touched by cancer. Patients join the choir from the wards, going downstairs to rehearse in the Wellness Centre.

“Nobody in the group knows how to sing but it’s a cathartic release,” says Ms Majaj. “My role is to make sure that everyone is emotionally okay.”

Once a month, the choir sings on the wards and in Day Oncology. They are patients singing for patients. “That is what arts in healthcare has the power to do,” says Ms Majaj. “It offers people the opportunity to connect, transcend and form meaning out of their experiences.”

OUR PHYSIOS GET MORE FLEXIBLE

A physiotherapist works with patients at the Heidelberg Repatriation Hospital to return them to their best level of function before discharge

Austin Health's physiotherapists have developed a new model of care to provide the right therapist to the right patient at the right time.

"This is a new model of care developed by the team to ensure patients get the right physiotherapy care at the right time and it has been hugely successful."

DID YOU KNOW?

Austin Health's physiotherapists have developed a new model of care to provide the right therapist to the right patient at the right time.

It is 10.20am. The Austin Hospital Physiotherapy team huddle around a meeting table in the Harold Stokes Building next to a white board covered in names. They are carefully considering the needs of every patient in the hospital and determining which physiotherapist should treat them.

This is a new model of care developed by the team to ensure patients get the right physiotherapy care at the right time and it has been hugely successful – attracting wide interest from other health services.

Associate Professor Sue Berney, manager of Physiotherapy says an ageing population and increasing patient complexity required her team to think outside the square and develop a more responsive and flexible system. "In the past, patients requiring physiotherapy would receive care from a therapist allocated to their ward. This physiotherapist was responsible for the care of all patients on the ward irrespective of complexity or physiotherapy care needs or the individual physiotherapist's clinical experience."

The Physiotherapy team were juggling everyone: patients requiring rehabilitation with those preparing for discharge as well as managing acutely deteriorating patients. In some cases, they might not have had the best skills to manage some of those patients resulting in extra time taken to deliver the care.

"We now sit down at the start of the day and allocate our patients into three new streams of care based on patients' physiotherapy care needs: acute and deteriorating, early rehabilitation and transition and maintenance," says Assoc Prof Berney. "We allocate clinicians with the right skills to deliver the right care to those patients."

The outstanding results are turning heads: the new model has resulted in the increased allocation of resources to patients most in need of treatment; an estimated increase of 180 patients per year being directly discharged home; a reduction in the sub-acute length of stay by seven per cent creating an estimated additional capacity of 1,420 sub-acute bed days; and a seven per cent reduction in the overall average acute length of stay creating an estimated additional capacity of 6,969 acute bed days per year. There were measurable improvements in the management of high risk patients. Consumer interviews indicate patients are more satisfied with their physiotherapy treatment and staff focus groups have been overwhelmingly positive.

"The aim with all our patients is to return them to their best level of function," says Assoc Prof Berney. "With this model, we are confident we are doing that."

LET'S TALK ABOUT WHAT YOU WANT

Austin Health is striving to give patients and families more control over the decision-making process so the end-of-life care they receive is more consistent with their wishes.

Janet Smith (centre) enjoys a visit from her two friends on the Palliative Care Ward at the Olivia Newton-John Cancer Wellness & Research Centre

"It's about being recognised as a person, being informed and being more in control."

DID YOU KNOW?

The Deteriorating Patient Leadership Team was recognised for outstanding achievement in the 2014 Victorian Public Healthcare Awards.

End-of-life care might not be an easy topic but it is a conversation Austin Health is encouraging between patients and doctors. Early discussions can help staff understand what is important to patients so that they can deliver care that is consistent with patients' wishes.

Improving end-of-life care is a particular focus at Austin Health whose work has been setting standards nation-wide. Dr Juli Moran, medical director of Palliative Care Services and her team train doctors across the hospital in how to give patients and their families more control.

"For patients to be in control, we need to be encouraging conversations as early possible. We need to know what patients want and for that to happen, discussions need to be had ideally when people are fit and able to consider their personal wishes and articulate them clearly," says Dr Moran. "Doctors often don't recognise or acknowledge that a patient is dying and therefore when the time comes to make treatment decisions, no-one is really prepared. Families can be left in shock but the emotional state of both patients and families can be much less distressing if conversations are held with clinicians earlier."

Dr Moran recalls a patient who had a blocked bowel due to ovarian cancer. Her daughters told Dr Moran that they could see their mum was confused and deteriorating. Dr Moran said to them,

"You know your Mum doesn't need to have a huge operation? We can take her to the Palliative Care Ward and she can die peacefully." The sisters agreed, "Mum would never have wanted the operation. We just thought we had to go ahead with it."

Austin Health's Clear Decisions Project engages senior medical staff to look at the whole patient picture. Fifty senior medical staff across the hospital champion end-of-life care and teach other doctors how to discover what is important to patients so they can give care that is more aligned with what patients want.

For Janet Smith, having conversations about what she wants for the end of her life, whenever that may be, is important. "It makes a lot of sense. If you have the discussion early, everyone knows your wishes and you can then get on with the business of living," she says.

Dr Moran says that good end-of-life care is not about preparing people for death in a sad or morbid way but rather, it is about having a conversation which then allows them to get on with life for however long they have left whether it be six months, five years or ten years. "It is about recognition and conversation," says Dr Moran. "It's about being recognised as a person, being informed and being more in control."

CREATING CULTURALLY RESPONSIVE CARE

Amy-Jay Binks is Victoria's first Aboriginal social work trainee. She travels 3 hours a day to work and train at Austin Health.

Increasing Aboriginal and Torres Strait Islander staff numbers to 1 per cent can help Austin Health provide more culturally responsive healthcare.

Artwork: Corroboree courtesy of Norman Stewart

" We have to build that sense of trust and safety so that Aboriginal people want to work at Austin Health. In time, by creating a more culturally safe workplace for Aboriginal staff, we will also provide more culturally responsive care for Aboriginal patients."

DID YOU KNOW?

Austin Health's Aboriginal Health Program is called Ngarra Jarra. This means 'healing' in the Woiwurrung language of the Wurundjeri people.

Amy-Jay Binks travels by bus and train from Werribee to the Austin Hospital four days a week. As Victoria's first Aboriginal social work trainee, it is a three hour round trip that is helping Austin Health provide more culturally responsive healthcare while also gaining important training for her own future career.

Based in a large office in the Boronia Centre at the Heidelberg Repatriation Hospital, Ms Binks is working towards her Certificate 3 in Health Support Services and Aged Care. In the long term, Ms Binks wants to be a nurse but for now she is working alongside social workers and learning how to manage patients' social needs and support - everything from car park passes to accommodation support to referrals to councils.

Ms Binks' traineeship is part of a focused effort to increase Austin Health's Aboriginal and Torres Strait Islander staff numbers to 1 per cent - a target set right across the Victorian public health service.

The idea is that, over time, more Aboriginal staff members can help hospitals provide more culturally responsive healthcare to Aboriginal people.

Alison Smith, Aboriginal Employment Project Officer, says many Aboriginal people are reluctant to attend hospitals and when they do, they present with more complex issues. "Overall,

Aboriginal people experience poorer health and lower life expectancy than the wider community. By having more people in our workforce with an Aboriginal background, we can create an environment that is sensitive to the needs of Aboriginal people so that they feel safer and are more likely to seek care from us in a timely way."

Austin Health is improving the ways it attracts Aboriginal staff and creates an environment of cultural safety. "It can be anything from how we advertise and interview people to how we support people once they start working here. We have to build that sense of trust and safety so that Aboriginal people want to work at Austin Health. In time, by creating a more culturally safe workplace for Aboriginal staff, we will also provide more culturally responsive care for Aboriginal patients," says Ms Smith.

Ms Binks agrees. "I do a little bit of work with Austin Health's Aboriginal liaison team. You can definitely see how that team's support impacts Aboriginal patients. It makes them feel more comfortable. I worked very closely with a couple who came down from Mildura. They came from a small community and I think they appreciated having me around for support. I definitely think Austin Health's efforts will make a difference and have a huge impact over time not just on patients but on their families as well."

BRINGING CARE INTO THE HOME

Austin Health is working to ensure elderly patients can be better supported in their aged care facilities rather than being brought into a stressful hospital environment.

Dr Paul Yates and Deb Brown meet with Kathleen Smyth, a resident of Darley House

“ For many people, particularly those with cognitive impairment, coming to hospital can be distressing. The outcomes are often better if they are treated in a familiar environment, with reduced incidence of adverse events such as delirium.”

DID YOU KNOW?

The Residential Outreach Service won the 2015 Austin Health Spirit of ANZAC Award.

Hospital emergency departments can be busy; full of noise and action. So imagine how daunting it might be for disoriented or confused older patients?

One Austin Health team is working to ensure elderly patients are better supported in their own aged care facilities when they are unwell rather than being brought unnecessarily into a stressful hospital environment.

The team’s work has resulted in a 14 per cent reduction in presentations to the Emergency Department (ED) by residents from aged care facilities.

Nurse unit manager of Hospital in the Home, Clynt Bernhardt, says the Residential Outreach Service (ROS) closely studied its data and found ways to streamline its work. “We embedded a new team structure incorporating a dedicated part-time geriatrician. We introduced a new registrar position, a weekend nursing service and we incorporated a ward-based aged care liaison nursing position. This new structure allows the team to get the right care to the right patient at the right time.”

Dr Paul Yates, consultant geriatrician with Aged Care Services says many patients prefer to receive treatment in their own nursing homes rather than in hospital. “For many people, particularly those with cognitive impairment, coming to hospital can be distressing. The outcomes are often better if they are treated in a familiar environment, with reduced incidence of adverse events such as delirium.”

Mr Bernhardt agrees. “Many people from residential care can be cared for in their own facility with our team supporting the GP and nursing staff with whom they are familiar. They can often have similar investigations and treatments such as blood tests, X-rays and intravenous antibiotics and they don’t need to be waiting in hospital. When a transfer to ED is necessary, the team makes sure a good handover is provided so they receive care more quickly.”

Crucial to the success of the project was establishing the right model of care. “Having the right training to assess the complex needs of aged care patients is so important,” says Mr Bernhardt. “But also important has been team work and collaboration with a shared focus: the outreach team, the wards, the medical staff, ED and nursing home staff - all need to have that shared focus of providing exceptional patient care.”

TESTING ASSUMPTIONS ON ANTIBIOTIC ALLERGIES

More patients can access more powerful drugs thanks to Victoria's first antibiotic allergy testing centre at Austin Health.



Dr Jason Trubiano is the co-ordinator of the Antibiotic De-labelling Clinic

“Antibiotic resistance is a growing problem worldwide. This is another reason it is crucial we use first-line drugs when we can.”

DID YOU KNOW?

One in 5 people come to hospital believing they have an antibiotic allergy but up to 90 per cent of these patients are in fact mistaken.

More patients at high risk of infection can access the most powerful drugs, thanks to the opening of Victoria's first antibiotic allergy testing centre at Austin Health.

Antibiotic De-labelling Clinic co-ordinator Dr Jason Trubiano says 1 in 5 people come to hospital believing they have an allergy to antibiotics but up to 90 per cent of these patients do not have any such allergy at all.

An incorrect allergy label is particularly problematic for patients who have high infection risk and lowered immune systems such as those with cancer or those requiring a liver transplant.

“It can be very limiting if patients think they are allergic to penicillin, for example, because it potentially excludes many drugs from their treatment,” says Dr Trubiano.

When a person is labelled as allergic to a highly-effective drug doctors are often forced to prescribe second-line drugs.

Second-line drugs are given their name because they either don't work as effectively or have higher rates of side-effects meaning a patient is less likely to take them accurately and resistance can emerge.

“Antibiotic resistance (or superbugs) is a growing problem worldwide,” says Dr Trubiano. “This is another reason it is crucial we use first-line drugs when we can.”

Chrissie Hopper, 63, was “over the moon” when she was told she could use penicillin, five decades after a childhood reaction led doctors to believe she was allergic.

Chrissie had been treated with second-line drugs due to her “penicillin allergy” and as a result, she suffered from recurring pneumonia and was hospitalised for eight days.

“To be told I could have penicillin was almost life-changing,” Chrissie says. “It's absolutely brilliant and I am so fortunate I was referred here.”

Patients experiencing or at high risk of developing recurrent infections, undergo a detailed consultation of their medical history followed by a skin-prick test using a few drops of the antibiotic.

If there is no allergic response, patients receive a small amount of the drug under the skin. If results are negative they are given an antibiotic tablet and monitored closely. If all tests are completed with no reaction they are given the all-clear.

IN THE STROKE OF TIME

Austin Hospital is a major metropolitan stroke centre in Melbourne. A specialist stroke team is ready at the hospital to assess and treat patients as soon as they arrive.

Vicky Chryssanthakopoulos
with stroke nurse practitioner
candidate Bronwyn Coulton

It was strange for Vicky to feel lethargic and dizzy. A fit, healthy and active 48 year-old primary school teacher, she thought perhaps she was just coming down with something. In hindsight, these were warning signs; a precursor to the tingling in her fingers and the slurred speech that she would more confidently identify as stroke.

Vicky remembers calling her husband, a lifestyle coach training a client on a local oval nearby. He immediately called an ambulance.

"I really thought I was going to die. I thought I was coherently telling my husband I loved him but he told me later my words weren't making any sense," says Vicky.

Vicky had suffered a dissection (a tear) in one of the arteries in the back of her neck – the vertebral artery. It was a spontaneous dissection – something that will never be fully explained. What is known though is that when a small tear occurs in the inside lining of the artery, the body tries to heal itself by forming clots. Sometimes the clots can break off, get swept away and lodge in the brain.

Austin Hospital is a major metropolitan stroke centre in Melbourne so when paramedics arrived at Vicky's house in Preston and identified stroke, they knew exactly where to take her. Time counts with stroke – for every minute that passes, 1.9 million neurons can be lost. The paramedics notified the hospital and the triage nurse activated an acute stroke call to ensure a specialist stroke team was ready at the Emergency

Department to assess Vicky, undertake imaging and make decisions about her treatment.

Neurologists had to decide whether Vicky would benefit from a treatment called thrombolysis – a substance injected into a patient's blood stream which dissolves stroke-causing clots. Even when doctors are very confident that thrombolysis will work, there are always risks.

Stroke nurse practitioner candidate, Bronwyn Coulton says that in Vicky's case it was the best option. "We could see there was an abnormality of the vessel and we knew the clots travelling further up were causing all the trouble. We had to re-establish blood flow to the back of the brain and the clot busting drug was our best chance."

All stroke patients who receive thrombolysis are connected to a heart monitor before treatment (and for at least 24 hours afterwards) and are closely cared for by highly skilled stroke nurses who look for changes in heart rates and rhythms, neurological deterioration and bleeding complications. Nurse Jessica Moss was in charge of Vicky after thrombolysis was administered and during a critical moment when it is believed a clot travelled to the part of her brain responsible for breathing and heart rate, causing Vicky's lungs to fail and her heart to stop.

Without hesitation, Ms Moss called a code blue and provided CPR before Vicky was transferred to the Intensive Care Unit.

When Vicky eventually returned to the ward and met the nurse responsible for watching over her, she was overwhelmed. "I gave her the biggest hug. It is an emotional moment to meet the person who saved your life. If it weren't for her, I would have probably died but all the nurses were wonderful. Bronwyn looked after me on the ward and as an outpatient. I talked to her about any concerns. She explained why the stroke happened, how the clot formed and how to recover. It was what I needed. She was the person to turn to, my mentor in a way."

After a few more days investigating her heart and the arteries in her neck, clinicians discharged Vicky. Physiotherapy at home and ongoing management as an outpatient have been important to her recovery. "The physiotherapists showed me functional exercises to help with vertigo," says Vicky. "They also helped me improve my fine motor skills undertaking basic tasks like picking up a 5 cent coin from a table."

Vicky returned to part-time work within eight weeks but Ms Coulton says most people need more time to recover. "While people can look okay they can be suffering fatigue or trauma from the shock of stroke. They need a lot support."

On the day of her discharge, Vicky's husband drove her to Studley Park Boathouse, her favourite place. "I have started to appreciate things more intensely. Being here is a miracle. Embrace it because things can change in the blink of an eye."

NOURISHING AND NURTURING WITH FOOD

Austin Health has carefully crafted a fresh and modern food experience to nourish and nurture patients.

Austin Health's
Food Services team

“ We want patients to feel really cared for and to genuinely look forward to their meals. Both our food and customer service must complement the medical care patients receive. That will be our ongoing aim.”

YOU SAID. WE DID

In the Victorian Healthcare Experience Survey, people told us that we needed to improve our food and we have!

Gently spiced curries, healthy chicken burgers, traditional roast beef and warm salads - sounds like the menu of a favourite restaurant! The team behind the revitalisation of Austin Health's food menu is passionately determined to create an appetising hospital food menu.

It is an enormous challenge: serve hundreds of plates of food every day to patients from hundreds of different multicultural backgrounds whilst also meeting individual dietary needs and keeping the nutritionists happy. A daunting task; yet extremely important to get right. When done well, hospital food should help nourish patients as they recover from surgery, energise them as they regain strength and importantly, nurture them when they feel at their most vulnerable.

The team at Austin Health's Food Services know the vital role they play and have carefully crafted a fresh and modern food experience to nourish and nurture patients in the best possible way.

The team started by focusing on an essential food for illness: soup.

Trevor White, general manager of Food Services says hospital soups had become too watery, tasteless and odd in appearance. "Food must look good otherwise patients will be disappointed before they have even tasted it. They won't want to eat it which is a huge problem when we are trying to help our patients recover."

Chefs spent time researching improved versions of the hospital soups and redesigned the soup menu with the approval of dieticians. Patient satisfaction immediately increased.

"That's the thing about food," says Mr White. "It doesn't take much to improve the quality."

Since then, the team has fully reviewed its entire menu - modernising multi-cultural dishes, refining traditional comfort foods such as stews, modifying sauces and enhancing presentation. They have even designed healthy, fast food options for patients on unrestricted diets.

"Fifty per cent of our patients are not on a diet and yet are being served diet foods," says Mr White. "Equally, we recognised that we needed to start producing dishes that better reflect the multi-cultural nature of Australian society - much like the Melbourne restaurant scene - because we admit patients from well over a hundred different countries of birth."

"We want patients to feel really cared for and to genuinely look forward to their meals. Both our food and customer service must complement the medical care patients receive. That will be our ongoing aim."

CONSUMER PARTICIPATION STANDARDS

01 Organisational commitment to consumer participation appropriate to its diverse communities

Austin Health works closely with consumers to implement actions from the 2013–2017 Consumer Engagement Plan. The Consumer Engagement Framework guides all consumer engagement activities across Austin Health. The Ngarra Jarra Program improves the delivery of healthcare services to patients from Aboriginal and Torres Strait Islander backgrounds. The Diversity Committee leads the development and monitoring of our Diversity and Disability Action Plans.

02 Consumer involvement in decision making about their care

Consumers are actively and meaningfully engaged during nursing handovers and during medical ward rounds in many units including Mental Health, Palliative Care and Cardiology. The Respecting Patient Choices program provides opportunities for patients to plan for end-of-life care.

03 Provision of information to support consumer decisions

All patient information material at Austin Health is now developed and reviewed with consumer input. The Austin Health consumer tick of approval is a symbol on our brochures which indicates that this participation has occurred.

04 Consumers participating in the planning and evaluation of services

Consumers participated in the development of the Austin Health Strategic Plan 2013–2017 and the Consumer Engagement Plan 2013–2017 and are involved in monitoring the progress of the action items from these plans. Consumers were also widely engaged in the development of the Disability Action Plan

2015–2020 and the Diversity Plan 2015–2020. Consumers have been involved in various local area projects and plans including the Acquired Brain Injury service plan, Eating Disorders model of care review and the Emergency Department clinical service plan.

05 Building the capacity of consumers and community members to participate

All consumers who formally participate at Austin Health are supported through an orientation and mentoring program. They are continually supported by staff members, other experienced consumers and the Consumer Engagement team. Opportunities for continuing professional development are offered through bi-annual networking forums, information sessions and other external professional development activities. Consumer representatives are kept up to date with organisation-wide developments through a bi-annual consumer newsletter, email communications, committees and project teams, and consumer networking forums.

CLINICAL GOVERNANCE

Staff surveys

Austin Health undertakes an annual patient safety culture survey to capture staff perceptions and information on safety issues. This information helps inform service improvement. The survey used is an international, validated tool by the Agency for Healthcare Research and Quality (AHRQ).

Austin Health also participates in the 'People Matter' Survey which includes some focus on safety and quality.

2015 Results

1431 staff participated in 2015 representing a 31 per cent increase compared with 2014. Austin Health's main strengths continue to be teamwork within units, a strong culture of patient safety, organisational learning and continual improvement. Challenges included management of the deteriorating patient, teamwork across units and handover. Each Clinical Service Unit (CSU) and department received detailed comparative analysis of their results to drive improvements.

Improvement implemented in response

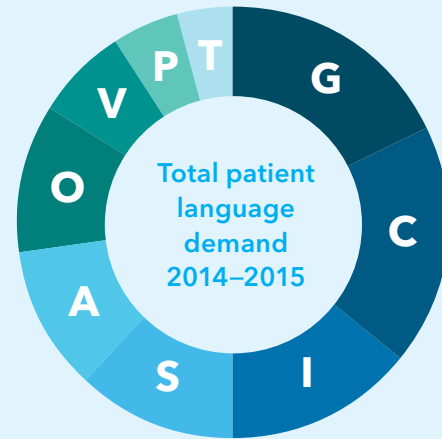
In April 2015, over 70 Austin Health staff, Board members and consumers gathered to discuss management of the deteriorating patient. Four priority areas were agreed for improving systems. Work has commenced on our first priority - to ensure units and areas use their Medical Emergency Team data to better understand why their patients deteriorate and to drive positive change.

Accreditation

Every four years Austin Health undertakes a process of accreditation to ensure the safety and quality of our services. Significant preparation has commenced for 2016.

In August 2015, the Board Quality and Safety Committee undertook a self-assessment. Against 90 requirements, the Austin Health Board agreed that current Board level governance, reporting structures and processes were compliant and the Board received significant assurance around the 10 national standard areas. The Board did not identify any areas for improvement.

CULTURAL DIVERSITY STANDARDS



Total patient language demand 2014-2015

G	Greek	18%
C	Chinese	18%
I	Italian	14%
S	Slavic	12%
A	Arabic	11%
O	Other	11%
V	Vietnamese	7%
P	Persian	5%
T	Turkish	4%

01 A whole organisation approach to cultural responsiveness is demonstrated

The Diversity Committee, established in 2013, consists of staff members from the three hospital sites and three consumer representatives from diverse backgrounds. The committee developed the Austin Health Diversity Plan 2015-2020 in collaboration with staff and consumers.

Consumers with diverse backgrounds are now included in research projects, on many committees and in governing the development and review of patient information.

The Cultural Diversity Officer and Language Services manager represent the interests of diverse consumers on various Austin Health

governance committees and at the Victorian Hospital Diversity Network.

02 Leadership for cultural responsiveness is demonstrated

The Language Services Policy and associated guidelines helps ensure staff request accredited interpreters for patients who speak a language other than English. Family members or bi-lingual staff are discouraged from taking on this role.

The Information for Consumers Committee ensures written information is accessible and presented in Plain English. The Information for Consumer guidelines provide a framework to support staff with the development of patient information.

03 Accredited interpreters are provided to patients who require one

During the 2014-15 year, over 15,366 interpreter requests were provided to patients and their families in more than 69 languages. Ninety-two per cent of all requests for interpreters were met.

Eight languages make up 89 per cent of all language requests. In-house and casual staff speak one or more of these top eight languages. Vietnamese requests were often filled by Mercy Hospital's in-house interpreters.

In-house and casual interpreters supplied 56.7 per cent of all language requests. All complaints were addressed and resolved.

CLINICAL GOVERNANCE

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

Patients on wards can request and receive meals matched to dietary and religious preferences. The hospital cafeterias offer a range of meals to suit both cultural and religious preferences.

The Olivia Newton-John Cancer Wellness & Research Centre provides holistic care to all patients and, alongside more traditional care, provides massage, craft and other activities.

The Pastoral Care team has provided spiritual and religious support to over 7,500 patients in the past 12 months.

Multi-faith spaces across all three sites are available for use by patients, families and staff. Religious and spiritual services are offered in each space including Islamic prayer, meditation and Sunday ecumenical services.

05 Culturally and linguistically diverse (CALD) consumers, carers and providers are involved in planning, improvement and review of programs and services on an ongoing basis

Consumers and community members were involved in the development of the Austin Health's Disability Action Plan and the Diversity Plan for 2015-2020.

CALD consumers have been involved in developing responses to the 2014 Victorian Palliative Care Satisfaction Survey. Programs and resources have been developed to support diverse spiritual needs for patients at their end-of-life stage.

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

All patients have a right to access and receive care without prejudice or disadvantage. Austin Health works with staff to provide the best care that is inclusive and respectful to all patients and their families and carers regardless of culture, ethnicity, gender, sex, age, sexuality, language, ability, mental health, diet, religious preference or health care understanding.

Cultural responsiveness workshops run in conjunction with Palliative Care Victoria, train staff in cultural awareness.

Cultural responsiveness training and diversity training is delivered to staff on request.

NJARRA JARRA ABORIGINAL HEALTH PROGRAM

The Ngarra Jarra Aboriginal Health Program supports each patient and their family with the highest quality care based on their individual needs. Ngarra Jarra Aboriginal Health team leader, Leanne Bird says "Aboriginal people are diverse with different values and beliefs. It's our job to treat everyone as an individual and with respect. We need to understand what's important to Aboriginal patients in order to provide culturally appropriate care that will result in the best possible health outcomes."

In the 2014-2015 financial year 1.10 per cent of Austin Health patients were Aboriginal. This is higher than the Victorian state average of 0.79 per cent. It is also higher than the average number of Aboriginal patients who attended all metropolitan hospitals combined which was 0.89 per cent.

Continuous Quality Improvement

Each year Austin Health completes a Continuous Quality Improvement Tool (CQI Tool) that commits to a range of quality improvement strategies aimed at providing culturally responsive healthcare to Aboriginal patients. These are:

01 Engagement and partnerships

Austin Health has continued to strengthen its community connections. The Victorian Aboriginal Health Service is now represented on our Systems of Care Working Group and our Aboriginal liaison officer, is well connected and respected within the local Aboriginal community.

The Ngarra Jarra Aboriginal Health team continue to work with Access Services for Koories (ASK) to ensure Aboriginal patients are provided with care co-ordination and transport assistance for all of their medical appointments and hospital visits. For many, this service is important in maintaining good health.

02 Organisational development

The Ngarra Jarra Aboriginal Health Program continues to provide informative cultural awareness training. These sessions endeavour to highlight the historical context for Aboriginal health today. Importantly, these sessions also focus on the diversity within the Aboriginal community highlighting the need for culturally appropriate patient centred care.

The Ngarra Jarra Aboriginal Health Program also uses peer learning, Aboriginal health champions, the Austin Health intranet and special events to raise awareness of Aboriginal culture and culturally appropriate care.

03 Workforce development

Austin Health's Aboriginal Employment Working Party has implemented Austin Health's Aboriginal Employment Plan. Outcomes include:

- 3 x Aboriginal trainees employed in 2015
- 2 x Aboriginal medical interns commencing in 2016
- 1 x Aboriginal nursing graduate commencing in 2016
- 4 x Aboriginal traineeship applications submitted for 2016
- A guide for managers of Aboriginal employees has been developed
- A welcome pack for new Aboriginal employees has been developed
- A responsiveness and inclusiveness training package for staff is currently under development

- Organisational leave management guidelines revised to incorporate Ceremonial Leave
- Changes made to online HR systems to allow Aboriginal staff to identify their status more easily.

04 Systems of Care

A Systems of Care Working Party was established in 2015 to replace the previous Aboriginal Health Advisory Committee. The Working Group comprises membership from a range of areas across Austin Health, the Victorian Aboriginal Health Service and includes an Aboriginal consumer. The purpose of this Working Group is to:

- Ensure Austin Health's systems of care are responsive and centred on the needs of Aboriginal patients.
- Develop mechanisms to review and improve our practice and identify opportunities for enhancements.
- Act as a consultative group to parties in the hospital focused on improving clinical outcomes and systems for Aboriginal people.

A new policy and practice was implemented in 2015 to ensure that all Aboriginal patients who require the support of the Ngarra Jarra Aboriginal Health Program are recorded via the hospital's electronic referral system. This practice ensures that the Social Work Department is also informed of Aboriginal patient referrals and that they have timely access to services and support.

An Aboriginal Case Management Specialist Clinic has been established for referrals from Austin Health's Specialist Clinics to engage in follow-up care.

**SAFETY AND
QUALITY DATA**

**Residential Aged Care
Quality Indicator data**

Darley House is a residential aged care facility located at the Heidelberg Repatriation Hospital. Darley House is required to report annually on the five public sector residential aged care quality indicator domains. This year's results were:

Pressure injuries

Darley House has made significant improvements in its pressure injury rates with Stage 1 pressure injury rates dropping from 0.82 to 0.41 per cent and Stage 2 rates dropping from 0.61% to 0.50 per cent.

Use of physical restraint

No physical restraint was required or used during 2014-2015.

Multiple medication use

The number of residents with more than nine medications prescribed remains between 3.1 and 4.0 per cent (state average = 4.12 per cent).

Falls and fractures

The falls rate for Darley House over the last year was between 5.80 and 6.95 per cent (state average = 7.8 per cent)

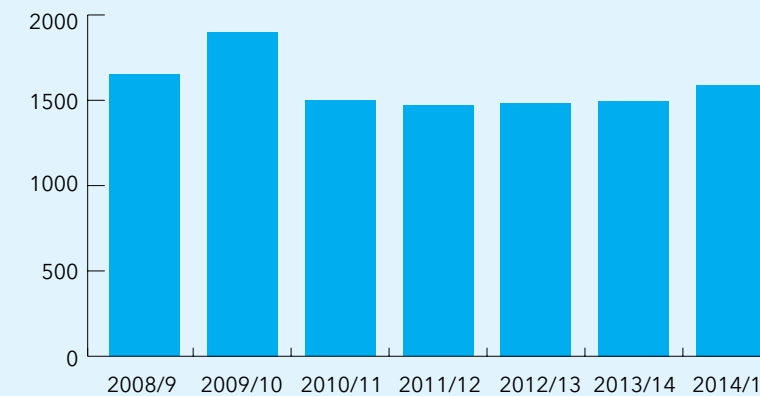
Unplanned weight loss

The number of residents with unexplained weight loss sits slightly below the state average.

**SAFETY AND
QUALITY DATA**

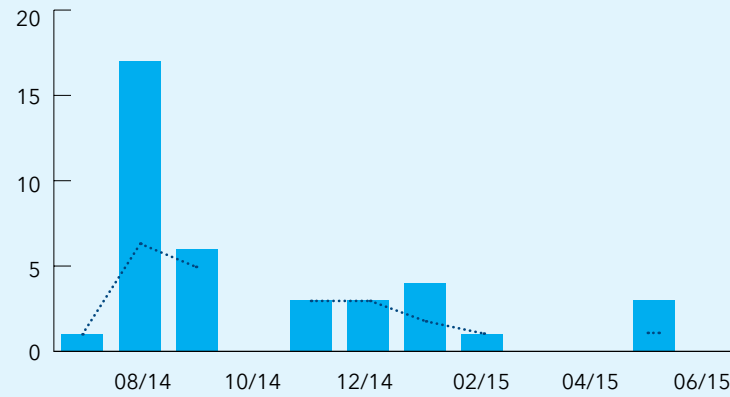


Falls at Austin Health



Total number of falls across Austin Health by financial year.

Seclusion rates in the Acute Psychiatry Unit

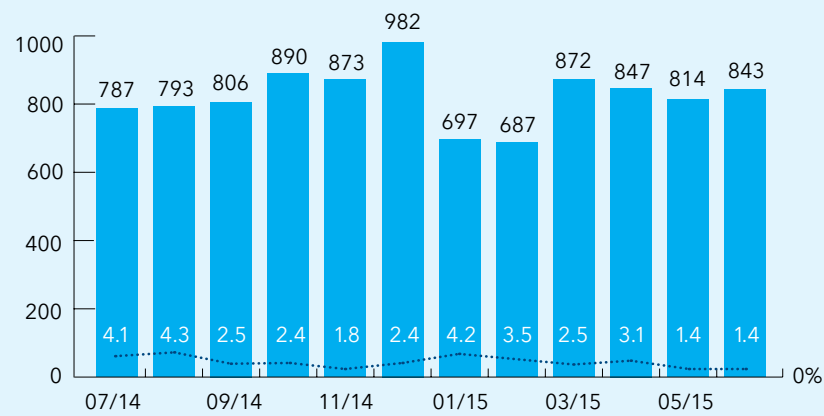


Seclusion rates were relatively low during 2014–15 with 20 clients requiring seclusion.

Some clients however, required multiple episodes of seclusion. This is particularly notable in August.

--- No. of clients secluded
 ■ No. of episodes of seclusion

Reducing blood wastage

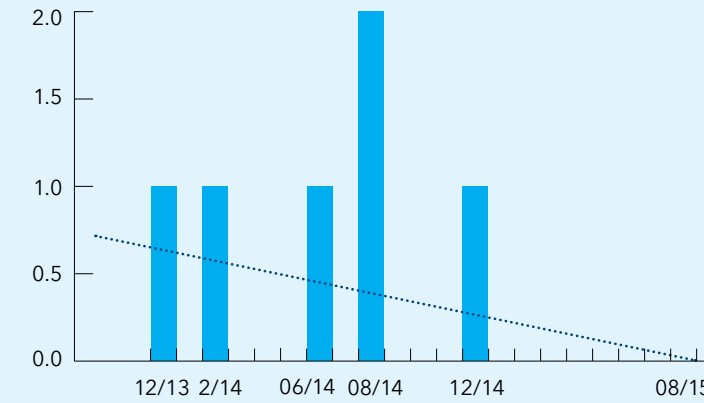


This data shows the number of red blood cell packs given to patients each month as compared with the number of discarded red blood cell packs.

Much work has been undertaken to decrease the number of discarded red blood cell packs.

--- Percentage discarded
 ■ No. of red cell packs

Preventing infections

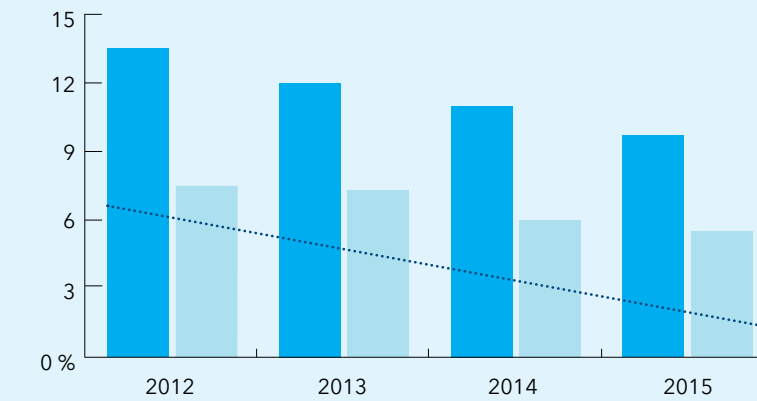


Staphylococcus aureus blood infections from peripheral line insertions.

Significantly there are periods of time when no infections occurred.

--- Trendline
 ■ Peripheral line related infections

Pressure injuries



The percentage of patients for whom a pressure injury occurred prior to or during a hospital admission.

--- A continual reduction in pressure injuries
 ■ Pressure injuries
 ■ Hospital acquired pressure injury



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