Quality Account 2015-16

Austin Health

Contents

Welcome

I am very pleased to present Austin Health's Quality Account for 2016.

This report outlines the extensive program of improvement in quality and safety which Austin Health has undertaken over the last 12 months. The aim of this report is to provide our community with some insight into the strong culture of innovation at Austin Health and our ongoing commitment to the delivery of exceptional care.

This year, Austin Health has had a busy and successful year. Emergency Department (ED) performance improved despite a nearly 5 per cent increase in patient attendances and ambulance arrivals. Staff introduced and trialed a new model of care involving senior clinicians earlier in the patient journey which improved patient flow through ED and facilitated more timely care.

It has been an exceptional year in elective surgery. The Surgery Centre completed over 10,000 operations which is 1,200 more than the previous year. Significant improvements were made across all units' elective surgery waiting lists which means patients waited less time for elective surgery. Increasing the throughput in elective surgery while maintaining the integrity of our safety and quality systems and processes is a challenging undertaking and I thank all staff for their contributions to this outcome.

Austin Health continues its leadership in e-health initiatives with the integration of 'My Health' into our electronic medical record system. The introduction of personally controlled electronic health records gives our clinicians access to patients' health information, where patients have chosen to participate. Having access to important information such as a patient's allergy status, conditions or medications helps our clinicians provide more timely care particularly in emergency situations.

Austin Health's commitment to safety and quality also extends to the ways in which we care for staff. This year we were very proud to become Victoria's first public hospital to successfully undergo an Occupational Health and Safety AS4801 certification audit. Representing Australian best practice, the auditor applauded Austin Health's positive culture as exemplar and we have now received certification.

Austin Health depends on its staff to deliver care to patients and we will continue to improve the ways in which we support their health, safety and wellbeing.

I do hope you find our 2016 Quality Account interesting and insightful. We have been striving in so many areas right across the health service to improve our delivery of care so that each patient experience is of the highest standard. As always, we welcome your feedback on this report and on any of our services.

Bernadette McDonald
Acting Chief Executive Officer

Case Study

Consumers set the PACE

When Adriana Fe came to visit her elderly mother in Ward 12, she was worried by how weak and lethargic she seemed. "I felt like she was getting very dehydrated," she says. "I asked to see the doctor, but she was taking so long that I started to panic – it doesn't take long for mum to go into a decline. So I made a PACE call," Ms Fe said.

PACE (or a Patient and Carer Escalation) is a phone call that any patient or carer can make to request a medical review for a patient whose condition they are worried about.

A group of consumer representatives recently helped to review the process and in particular, the poster that outlines what to do if you want to make a PACE call.

Maureen Chiba is one of the consumers who worked on that project and she says that consumer engagement "has made the poster simpler and clearer."

The PACE poster outlines a simple three-step process that anyone can follow if they're concerned about a patient's condition. The new poster is displayed where patients can see it more easily, and the process of how to make a PACE call is also explained by a nurse when patients are first admitted to the ward.

There have been 30 PACE calls in the last year which helped to identify four cases of patient deterioration requiring immediate treatment.

Adriana Fe strongly supports the inroduction of the PACE process. "It is awesome," she says. "Staff were there in a few minutes and were very supportive and understanding." After a medical review, her mum was put on fluids and her condition improved.

"When you have a loved one in hospital who needs urgent attention, you have a lot of stress and anxiety. Being able to make a PACE call gives you peace of mind; you know that something is going to be done really quickly," she says.

Consumer representative Maureen Chiba looks at the new PACE poster

Consumer, carer and community participation

CONSUMER PARTICIPATION AT AUSTIN HEALTH

STANDARD 5 FROM THE 'DOING IT WITH US NOT FOR US: STRATEGIC DIRECTION 2010-13.' DEPARTMENT OF HEALTH AND HUMAN SERVICES, VICTORIA.

Building the capacity of consumers and community members to participate

All consumers representatives engaging with Austin Health are supported to participate through an orientation and mentoring program with ongoing support from staff members, other experienced consumers representatives and the members of 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 the distribution of a bi-annual consumer representative newsletter, through email communications, through involvement on various committees and project teams, and at the consumer representative networking forums. Consumer representatives are also provided with professional development opportunities, when they become available, and attendance at these is supported by the organisation.

INTERPRETER SERVICES

During the 2015-16 year, 19,652 interpreter requests were provided to patients and their families in more than 72 languages. We experienced a 40 per cent increase in the demand for face-to-face interpreting services following the implementation of the Medtrak tick for patients of non-English speaking backgrounds. We created this process to improve care for non-English speaking patients where the need for an interpreter is automatically carried forward to future appointments in specialist clinics.

We met 88 per cent of all requests for face-to-face interpreters and where we couldn't do this, telephone interpreters were used instead. We are currently developing strategies to better capture telephone interpreting data with our new service provider.

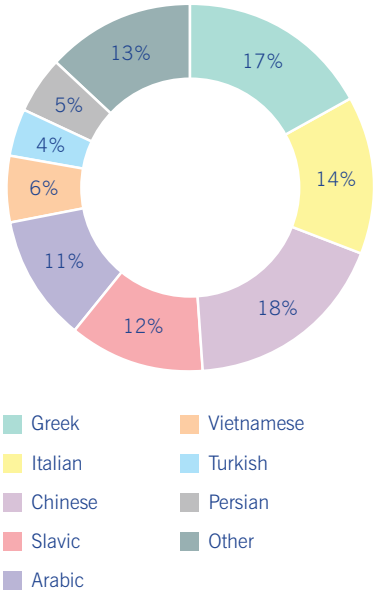
STANDARD 3 FROM THE 'CULTURAL RESPONSIVENESS FRAMEWORK: GUIDELINES FOR VICTORIA HEALTH SERVICES.' DEPARTMENT OF HEALTH AND HUMAN SERVICES, VICTORIA.

Accredited interpreters are provided to patients who require one

Eleven languages make up 89 per cent of all language requests. Our in-house and casual interpreting staff members speak one or more of these top 11 languages. In January 2016, to further improve care to our non-English speaking patients, we began implementing our new workforce plan by increasing the use of in-house staff by employing casual interpreters in the following languages: Mandarin, Cantonese, Vietnamese and Persian.

We continue to monitor languages spoken by Austin Health patients to ensure appropriately qualified and experienced interpreters are readily available to assist in facilitating communication.

Figure 1: Language Demand 15-16 YTD



VICTORIAN HEALTHCARE EXPERIENCE SURVEY (VHES) – PATIENT EXPERIENCE SCORE

Figure 2: VHES Adult Inpatient Patient Experience Score

96%	Quarter 1 2015-16
98%	Quarter 2 2015-16
94%	Quarter 3 2015-16
92%	Quarter 4 2015-16

The adult inpatient patient experience score achieved at Austin Health has been 92 per cent or greater since the introduction of the Victorian Healthcare Experience Survey (VHES) in 2014. This is comparable with our peer organisations and the state average. The VHES data is one component of the consumer experience feedback that we receive at Austin Health. All consumer feedback is reported monthly to our Board and executive safety and quality committees and the feedback is analysed every 6 months. The themes from the feedback are used to inform improvement. Examples of improvements made in response to VHES and other consumer experience feedback are: the noise reduction at night project; the visiting hours extension project; and many food services improvement projects.

IMPROVING CARE FOR ABORIGINAL PATIENTS PROGRAM

2015-16 Continuous Quality Improvement Tool Highlights

1. Engagement and partnerships

- Austin Health appreciates the importance of strong working relationships with external service providers as they form an integral part of a patient's health care journey. The Ngarra Jarra Aboriginal Health Program has well established community connections both locally and state wide and the health service is increasingly working with external providers to establish best practice frameworks and increased referral options for Aboriginal patients.
- Austin Health's Child and Youth Mental Health Services (CYMHS) have strengthened relationships with key Aboriginal service providers via the Head of Unit's direct involvement in Taskforce 1000 for the North East Melbourne Area. We now have relationships with the Victorian Aboriginal Health Service (VAHS) and Koori Kids (the psychosocial team at VAHS) and plans for collaborative working relationships are underway.

2. Organisational development

As part of Austin Health's Aboriginal Employment Strategy, we developed an organisational training package in Inclusiveness & Responsiveness in the Workplace. The training is online and covers a range of issues related to inclusion and responsiveness with Aboriginal cultural responsiveness a key topic.

- Staff participate in face-to-face culturally appropriate patient centred care training which is tailored to the needs of the particular groups of staff.
- When new Aboriginal staff commence, as part of Austin Health's Aboriginal Employment Strategy, Austin staff participate in cultural awareness training.
- The Ngarra Jarra Aboriginal Health Program also uses peer learning, Aboriginal health champions, the intranet, special events and visual prompts to raise awareness of Aboriginal culture and culturally appropriate care throughout the hospital.

3. Workforce development

- Austin Health's Aboriginal Employment Working Party has continued to implement Austin Health's Aboriginal Employment Strategy 2012-15 and a lot of good work has gone into building the foundations to achieve the ultimate target of 1 per cent (80 people) employment of Aboriginal or Torres Strait Islander people. To date the number of staff who identify as being of Aboriginal or Torres Strait Islander descent is 25.
- In 2016 Austin Health's Aboriginal Employment Strategy has had a strong focus on engaging Aboriginal youth. With the aim of providing young people with an opportunity to explore the wide range of career opportunities in the health service industry, the Careers in Health program conducted a well received open day and a one week work experience program for Aboriginal school students.
- Austin Health has now released its Aboriginal Employment Strategy for 2016-19 which includes strategies to continue to support the Careers in Health program and the recruitment and retention of Aboriginal staff for the next three years.

4. Systems of care

- With a view to improve clinical outcomes and systems for Aboriginal people, 2016 has seen a significant focus on systems and processes from admission to discharge and follow up care. Austin Health's Systems of Care Working Group members continue to act as a consultative group and have supported research into current practice and mechanisms. This combined with enhanced consumer feedback has established foundational work that will inform targeted strategies for inclusion in Austin Health's Continuous Quality Improvement (CQI) Tool 2017.

Quality and safety

CONSUMER AND STAFF EXPERIENCE

At Austin Health, feedback is collected from consumers in a number of ways:

- Formal complaints – written or verbal
- Written feedback on a 'My Say' form
- Consumer walkarounds – ward based quality reviews led by consumers
- Feedback in electronic surveys called 'Survey Angel' collected by consumer representatives using iPads
- Victorian Healthcare Experience Survey run by the Department of Health and Human Services
- Local area surveys
- On line suggestion box
- Consumer members on committees
- Facebook and Twitter

Formal complaints

A major process improvement project commenced in August 2013 to review the organisation-wide process for recording and responding to formal complaints in order to:

- Improve communication between staff and consumers
- Ensure that the best person who could provide a response to a consumer's concerns was the first person of contact
- Improve the response time following complaints or concerns raised
- Increase the skills and accountability of staff to resolve minor concerns / complaints at the point of care
- Improve the consumer experience at Austin Health
- Create a manageable workload for the Consumer Liaison Officer (CLO)

In 2013, we recognised that the workload generated from the complaint management process was steadily increasing. The types of formal complaints being raised were often minor in nature and could easily have been managed at the point of care. Also, the same complaint issues were being raised frequently suggesting that complaints data wasn't being used to improve what we do. We'd previously implemented a system for recording and responding to compliments, concerns and suggestions called "My Say" which was managed by the local area managers. We analysed the feedback in that system and identified overlap in the issues being raised in both systems. We developed a new escalation tree for consumers to provide feedback to our staff with the first contact point being the bedside clinician. The CLO supported staff to have difficult discussions with consumers at the point of care and provided education to staff on resolving concerns, good communication techniques, and de-escalating angry behaviours.

Previously the CLO was managing over 120 complaints per month. Now she manages on average 15 per month. This outcome has been achieved through staff at the point of care improving the way they communicate with consumers, providing them with information about their treatment plans and responding to any concerns they raise. Further evidence of this improvement is the decrease in the number of formal complaints referred from the Victorian Health Services Commissioner – 4 in 2015 compared with 19 in 2014.

Improvements made in response to consumer feedback are reported back to our community through a number of mechanisms including our "You Said, We Did" boards. These boards are displayed in public areas across our organisation and are readily accessible to the community.

Figure 3: Complaints – May 2012 to August 2016

Members of the Austin Health community can become actively engaged in our organisation by becoming a consumer representative. Throughout our hospital, posters explain ways in which people can help us to provide the best patient care. We currently have a large group of consumer representatives who participate in many activities including: being members of committees or project teams; collecting feedback from patients and carers; teaching our staff about what it's like to be a user of our health service; and reviewing our patient information so that it's easier for the public to understand.

To become a consumer representative, please contact the Centre for Patient Experience on 9496 3566 or email patientexperienceoffice@austin.org.au

PEOPLE MATTER SURVEY SCORE

As part of the People Matter survey conducted in 2015, a set of eight questions measuring the staff's perception of patient safety were included. These questions covered areas of management of clinical errors, safety training, reporting and learning from errors, supervision, health service management and the family and friends test score.

Austin Health received an overall patient safety score of 90.26 per cent, exceeding the Department of Health and Human Services target of 80 per cent.

An example of action taken in the Mental Health Clinical Services Unit (CSU) in response to the survey results includes the introduction of Detector Dog Visits. This strategy was the result of staff feedback in response to survey questions pertaining to patient and staff safety. Modelled on other hospital evidence based best practices, an external agency has been appointed to undertake random dog visits to ensure illicit drugs are not present on Austin Health Mental Health CSU premises. The purpose of this strategy is to ensure illicit drugs are not present and impacting on patient and staff safety.

This strategy acts as a deterrent for patients who are made aware of this practice. The practice was introduced in May 2016 following a proposal that was made to staff as well as carer groups. Initial data is now being made available to support the ongoing evaluation of this newly introduced practice and the impact on patient and staff safety.

Overall, the Mental Health CSU monitors their employee engagement action plan with regular reporting and tracking of progress against actions.

Case Study

Specialist Clinics tackles access issues

Specialist Clinics at Austin Health is a huge operation – its 457 clinicians saw patients 190,756 times in 2015-16, across five different locations.

One thing it can't afford to do is waste 78,000 precious appointment slots each year; 33,000 of them simply because people don't show up.

"When a patient doesn't attend, it means another patient can't be seen and delays access to everyone on the waiting list," says Collen Jackson, Specialist Clinics Quality and Projects coordinator.

"If we could eliminate our Failure to Attend rate altogether, we basically wouldn't have a waiting list anymore."

Thanks to a multi-pronged approach that sought behavior change from everyone from patients and doctors to call centre staff, Specialist Clinics has dropped its Failure to Attend rate from 13.8 per cent in 2011-12 to a record low of 10.9 per cent in 2015-16 - and now boasts the lowest rate in the country. So how have they done it?

A major communications campaign, *Let us know if you're not going to show* has focused on educating patients on the impact that cancelling their appointment at the last minute has on other patients and the hospital, through posters and messages on appointment letters.

Reduced call centre waiting times and the addition of an appointment cancellation email address have supported that process, by making it easier for people to get in contact.

Those who cancel at the last minute are now put back on the waiting list, rather than being able to reschedule their appointment – although consumer involvement has made sure that new processes are being implemented with compassion and understanding for patients.

"You've got to consider that elderly people who aren't well enough to use public transport have to rely on family members, volunteer drivers or finding enough money to get a taxi," says Eve Verna, who is something of a 'consumer on-call', bringing her experiences as a patient in to hospital committee meetings, to help workshop issues that need to be resolved.

She can be a vocal critic of hospital processes and advocate for other patients. Her input has ensured that those who cancel for reasons outside their control are not penalised.

The project also found that a large number of people on the waiting list no longer needed an appointment because they were either stable enough to be managed by their GP or had been seen somewhere else in the meantime. They were amongst those least likely to show for an appointment and a process of removing them has reduced the time it takes to access an appointment.

Consumer representative Eve Verna

POSITIVE WORKPLACE CULTURE AND PREVENTION OF BULLYING AND HARASSMENT

Best Practice Australia (BPA) conducted an employee engagement survey at Austin Health in 2015 for the second time. We use this survey to ensure that Austin Health is an excellent place to work so that staff can provide good patient care. We had a 62 per cent response rate with 4,030 employees completing the survey. The measure of how engaged staff feel increased by 7.3 per cent. Austin Health benchmarks 'Above Average' for industry norms for Government Public Healthcare in Engagement and Leadership in 51 out of 52 questions. In 2015/16, leaders developed action plans to improve five key areas identified in the survey and eliminate (where possible) day-to-day frustrations for staff. Further actions to support this have included:-

- A Senior Leadership Group which regularly brings together the most senior leaders across the Austin Health to provide input into strategic and leadership practices for the purposes of co-creating Austin Health's future. This forum, as well as other Department Heads forums, has been used to share information and communicate in a cascaded manner so that leaders can appropriately translate and make meaning for their teams and staff.
- Following a report by the Royal Australasian College of Surgeons on the experiences of women surgeons, we undertook a gender based cultural assessment of Austin's medical workforce in 2015. We engaged directly with the junior medical workforce to assess the boundaries of acceptable behaviour and establish a better understanding of the gender-based culture experienced by doctors training at Austin Health. We conducted interviews, seeking open, honest and direct input so that we could have a meaningful discussion about our culture and identify anything we needed to do to contribute to high standards of professionalism in our medical workforce. The Board endorsed an action plan that has been progressively implemented with key initiatives implemented successfully:
  - Senior Medical Staff drew up statement of intent located clearly on our intranet
  - A steering group was established with senior medical leaders as custodians of the medical workforce culture to champion change and drive the implementation of the action plan
  - A peer support program was established for junior medical staff
  - The recruitment and selection policy was changed to require gender-balanced interview panels with at least one female representative on all SMS interview panels
  - A program was designed to develop the leadership skills and capability of Registrars as future leaders, starting in early 2017.
- To continue to find new ways of improving our services for patients and their families, the culture of Austin Health is vital. Supporting our staff to provide this care is a key strategic priority.

Bullying & Harrassment

Bullying and harassment continues as a key focus. The Victorian Auditor-General's Office (VAGO) Audit into Bullying and Harassment in the health sector shone a bright light on this issue.

Austin Health already has a robust framework for bullying and harassment including reporting mechanisms, training and awareness and avenues for staff to raise issues of bullying and harassment. We have identified areas to improve including:

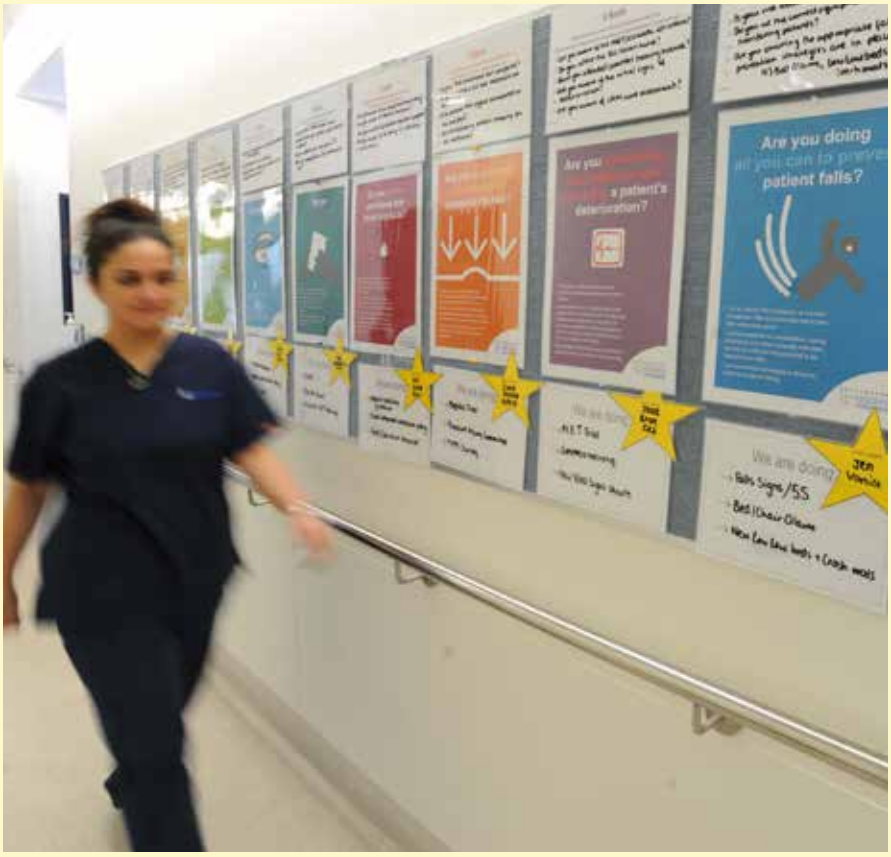
- Improving the reporting on incidents of bullying and harassment in the workplace with more detailed analysis of causes, prevalence and impacts of bullying and other inappropriate behaviours;
- Further development of early intervention methods to prevent behaviour escalating into bullying or harassment;
- Enhancement of mandatory targeted training;
- Promote the Bullying Prevention and Management framework to ensure all staff are aware of the importance we place on preventing and managing bullying.

ACCREDITATION

All health services in Australia are surveyed under the National Standards for Quality and Safety in Healthcare which includes acute care, sub-acute care and mental health services. These ten standards are largely clinical standards that measure the quality of care in the key safety areas for patients such as falls, pressure injuries, blood products, infection control and handover. The process is a three year cycle, the most recent at Austin Health being 2013 and again in 2016.

There were seven recommendations from the 2013 organisation wide survey. These were consumer input into planning for pressure injury and falls and the development of a patient and carer escalation system including evaluation and feedback. Our progress on these recommendations included the introduction of electronic documentation of care planning discussions which provides accurate records of consumer involvement in their care.

Other improvements in the area of pressure injuries and falls included the introduction of a wound nurse consultant who provides expertise regarding wound care across the health service and falls champions who are helping the local staff on each ward prevent patient falls. If a fall occurs, post fall huddles have been introduced

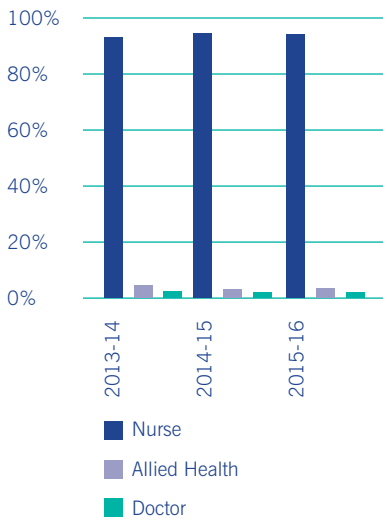


so that a discussion regarding care and prevention occurs including the patient.

The Patient and Carer Escalation (PACE) system provides a way in which patients or carers can escalate care when required. Information regarding the system is provided clearly on posters in public areas. This system was established, tested and made more user-friendly with input from our consumers. See the story on PACE earlier in this report.

SAFETY

Figure 4: Percentage of reporter by group



Clinical Incident reporting

The clinical incident reporting system is one of the key ways in which the organisation can know and understand the potential clinical risks in providing healthcare. There has been an increased number of clinical incidents reported by the medical staff. This indicates an improved culture of reporting due to better education of medical staff in the importance of documenting clinical incidents. The results of a recent audit show for the period August 2010 to August 2016:

- Total incidents reported increased by 61 per cent
- Total incident reports from all levels of medical staff increased by 48 per cent
- Total incident reports from the Resident Medical Officer category which includes interns and residents, increased by 124 per cent

The most serious errors or adverse events are called sentinel events. These require a more in-depth review and external mandatory reporting to the Department of Health and Human Services. At Austin Health for the period 2015-16, no sentinel events occurred. In previous years those events that met this criteria, and the learnings from the review of these events, were widely disseminated and monitored with resulting change to practice and improvement in care delivered.

Incident Review Process

At Austin Health, all sentinel events, and Incident Severity Rating (ISR) 1 incidents are reviewed at the monthly Clinical Review Panel (CRP) meetings which consists of a multi disciplinary group of clinicians and a consumer member. This group has a significant role in reviewing all sentinel events, ISR 1 and appropriate ISR 2 incidents, with discussion of the case, identification of issues and development of recommendations.

These recommendations developed by CRP are then distributed to the appropriate areas for action. Recommendations made by the CRP members are endorsed and progress is reported via the clinical governance pathway.

Some examples of recommendations are:

- procedural such as making Emergency Department procedures clearer and more explicit for staff
- the introducing of specific communication techniques such as positive repeat back in theatre
- documentation processes such as including particular devices in the theatre count procedure

Figure 5: Peripheral line related AuSABs Post Peripheral IV Project Rollout

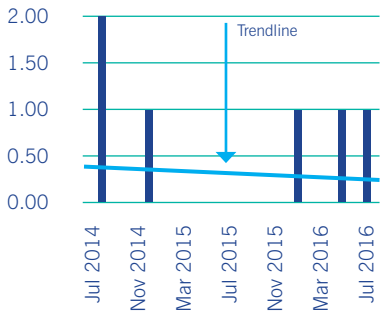
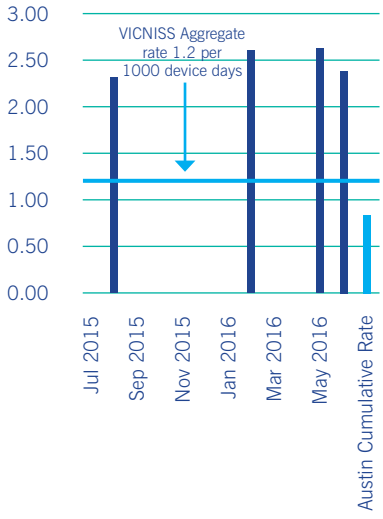


Figure 6: ICU Central line associated blood stream infections (CLABSI)



Infection Control data:

AuSAB = Austin associated Staphylococcus Aureus Bacteraemia

Figure 5 shows the peripheral IV associated AuSABs for the period of the roll out of the peripheral IV project and the subsequent years until June 2016. Our aim is zero infections through consistent practice in inserting and caring for peripheral lines. We achieve zero infections in some months and our aim is to do this every month.

ICU Central Line Associated Blood Stream Infections (CLABSI) are monitored and reviewed by the Infection Control Department. The Austin Health Cumulative CLABSI rate (light blue bar) remains below the state-wide VICNISS aggregate rate as shown in Figure 6.

Pharmacist-assisted prescribing projects

When patient discharge from the ward is delayed, this impacts on the ability to transfer patients from the Emergency Department (ED) to the wards and therefore increases the amount of time patients spend in the ED waiting for a ward bed. One of the factors that can lead to delays for patient discharge is the preparation of discharge medication prescriptions and therefore the dispensing of discharge medication. The Pharmacy Department undertook a project to review the process for prescribing discharge medication and providing patients with discharge medication in a more timely way through the use of an electronic prescribing system.

Two surgical wards were involved in the project. A project pharmacist electronically prepared discharge prescriptions, in consultation with the ward doctors, which were then reviewed by the regular ward pharmacist before being dispensed. The project showed a number of positive outcomes for patients: there were an increased number of prescriptions prepared the day before discharge; there was a reduction in the number of amendments required on the prescription; patients were discharged approximately an hour earlier than when using the previous system; double the number of patients were able to be discharged prior to 9am; and all staff involved were satisfied with the changes made to the process and recommended its continuation.

Preventing falls and harm from falls data

Austin Health continues to reduce the number of falls that result in harm to patients. Falls that result in harm are classified as either Incident Severity Rating (ISR) 1 or 2, depending on the degree of harm. Figure 7 shows this reduction.

One strategy that has been introduced to reduce falls and harm from falls is the introduction of a team of Falls Champions who were established across the hospital. Their prime responsibility is to implement ward based initiatives to reduce the number of falls, including safety huddles at the beginning of every shift, and a review to ensure that every patient has a risk assessment completed within 8 hours of admission. Two nurses in every ward have been educated and supported to fulfil this role.

Pressure Injuries data (PIPPs)

Our recent Pressure Injury Point Prevalence study (PIPPs) identified that there has been a continued reduction in the number of hospital acquired pressure injuries at Austin Health as shown in Figure 8.

Figure 7: Total falls by ISR 1&2 – comparison 2014/15/16

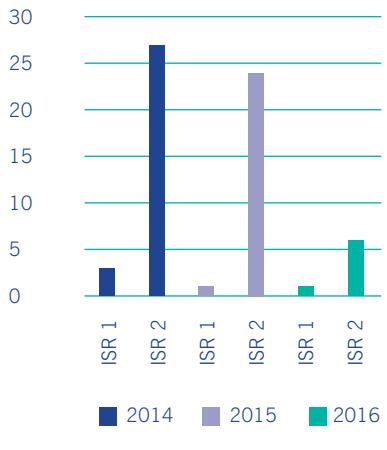
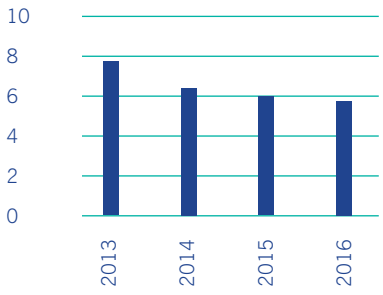


Figure 8: Pressure injury prevalence since 2013



SAFE AND APPROPRIATE USE OF BLOOD AND BLOOD PRODUCTS DATA

2015-16 Red Blood Cell Wastage Rate

Austin Health has continued to work hard to keep red blood cell wastage as low as possible. We have done this by adjusting stock levels in response to changes in demand; by rotating stock so that blood with the shortest expiry is always used first, and by adopting a Single Unit Blood Transfusion Policy.

The aim of the Single Unit Blood Transfusion Policy is that each patient should be clinically assessed after each unit of blood is administered, and the patient's response to the transfusion should be recorded in their medical notes. If they require further transfusion after being clinically reviewed, then it may proceed.

We conduct regular audits to ensure that the Single Unit Blood Transfusion Policy is being used appropriately. The most recent audit found that 94 per cent of transfusions were appropriate and in line with the policy guidelines.

Figure 9: Red Cells Loss Rates

Austin Health Wastage Rate Average	1.28%
State Wastage Rate Average	3.11%
National Wastage Rate Average	2.8%

Figure 10: Hand Hygiene Compliance

80.2%	June 2015
80.7%	October 2015
82.3%	March 2016
83.6%	June 2016

Victorian target for hand hygiene compliance is 80% or greater

Hand hygiene compliance and influenza immunisation

At Austin Health, hand hygiene compliance is above the state and national target of 80 per cent as shown in Figure 10.

The Austin Health staff influenza immunisation rate was 76 per cent for 2016 which exceeded the Department of Health and Human Services (DHHS) target of 75 per cent. This equated to 5,722 staff being immunised against influenza this year.

RESIDENTIAL AGED CARE SERVICES

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

The rate for Stage 1 and Stage 2 pressure injuries has been higher than the state average but significant work has been done to focus on reducing this. Stage 1 pressure injuries were slightly higher and stage 2 were significantly higher in the second half of 2015 but have improved considerably over the remainder of the year. Stage 3 and 4 pressure injury rates have been zero of this reporting year which is significantly better than the state average.

Use of physical restraints

No physical restraint was required or used during 2015-16.

Multiple medication use

The number of residents with more than nine medications prescribed remains between 3.71 and 3.95 per cent. (State average = 4.6)

Falls and fractures

The falls rate for Darley House over the last year was between 6.06 and 7.89 per cent. (State average = 7.54). The fracture rate post fall is 0 per cent. (State average = 0.14)

Unplanned weight loss

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

Darley House residential aged care facility was officially closed in 2016. Austin Health acknowledges and sincerely thanks all staff who have provided exceptional care to residents during the years of its operation.

SAFE AND APPROPRIATE SURGERY

Austin Health prepares a monthly Notification of Death (NOD) report which is submitted to the Victorian Audit of Surgical Mortality (VASM) through the Royal Australasian College of Surgeons (RACS). The NOD report is compiled after a weekly submission of surgical mortality by each surgical unit. On occasion, VASM requests a de-identified copy of a specific deceased patient's medical record, which is then prepared by a designated administration officer within Austin Health's Department of Surgery. These de-identified cases are sent through a specific contact point through to VASM. Through the quarterly performance monitoring conducted by the Department of Health and Human Services and by RACS, the Austin Health return rate for requested case review was longer than comparable health services. Since this report, Austin Health has ensured this process is granted high priority and has appropriately allocated more staff resources. Since these changes, the Austin Health return rate has not been reported as an ongoing concern. A close relationship with VASM ensures Austin Health is open and transparent with surgical mortality, enabling close monitoring and external case review.

MENTAL HEALTH SERVICES

While consumers can become very agitated when they are having an episode of mental illness, in the Mental Health service, we try to use restrictive interventions as little as possible and monitor this.

Strategies such as staff education in aggression management, focussing on de-escalation techniques, consumer engagement in the provision of their care, development of safety plans and provision of sensory modulation and other therapeutic interventions are used. Seclusion and restraint is only used as a last resort when other less restrictive interventions have been tried unsuccessfully.

Episodes of seclusion

Episodes of seclusion service-wide have reduced by almost half over the 2014-15 – 2015-16 timeframe, whilst the number of consumers being secluded has remained fairly constant.

The service's Acute Psychiatric Unit consistently records seclusion rates (which are reported as part of a DHHS quarterly KPI set) in the lowest third of all acute metropolitan inpatient units. For the 2015-16 financial year, the Acute Unit reported 5.7 seclusions per 1,000 bed days (against a target of 15 per 1,000 bed days), representing the third lowest rate of seclusion for acute inpatient units across metropolitan Melbourne.

Figure 11: Episodes of seclusion

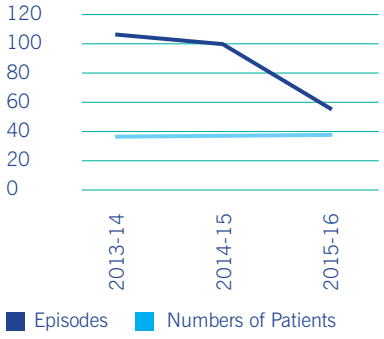


Figure 12: Acute unit seclusions

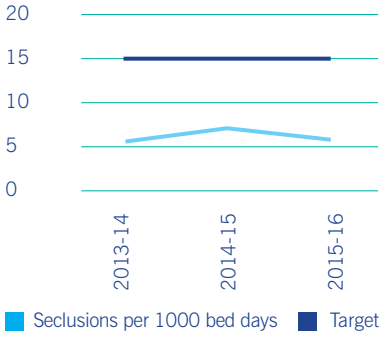


Figure 13: Duration of seclusion

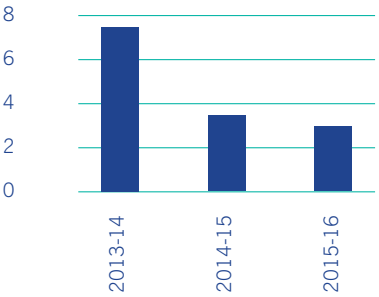
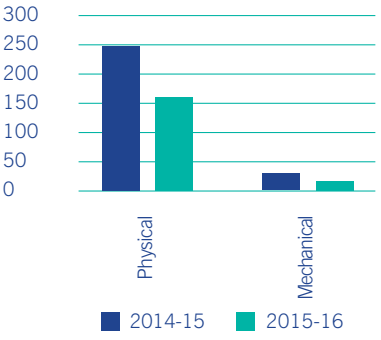


Figure 14: Physical & mechanical restraint



The rate of multiple of seclusions was the equal second lowest of all acute inpatient units at 1 per cent (metropolitan average 3 per cent). Rates of seclusion continue to be maintained at a low level.

Duration of seclusion

Consistent with the reduction in the number of episodes of seclusion, the duration of seclusion episodes has also almost halved since 2014-15.

Physical and mechanical restraint

The incidence of physical restraint has reduced by approximately one third from 2014-15 to 2015-16 and incidents of mechanical restraint have almost halved over the same period.

CLINICAL MENTAL HEALTH CARE QUALITY IMPROVEMENT

In 2015, the Mental Health service undertook a project to improve consumer engagement in their Mental Health care by promoting the uptake of Advance Statements.

Advance Statements (AS) (legislated for under the new Mental Health Act 2014) represent an important opportunity for consumers to clearly communicate their treatment preferences to their treatment team in the event that they become too unwell to express these preferences. They are highly empowering of consumers and promote autonomy, respect, consumer driven care and supported decision making of consumers. However, they had relatively low uptake and use in jurisdictions that introduced them.

An Austin Health Mental Health Consumer Consultant established a working group that has successfully promoted the completion and use of advance statement, within the service, enabling consumers to document their wishes for treatment and care. Working with consumers, we developed a brochure and a procedure to guide clinicians to help consumers establish and make use of their advanced statement.

The group's work has led to a higher rate of completion of AS amongst Austin Health consumers, an increased awareness of AS amongst Mental Health consumers, carers and clinicians, and embedded AS within clinical processes.

Case Study

New model of care

Patients arriving at Austin Health's Emergency Department (ED) are being seen more quickly thanks to a new model of care involving senior clinicians in triage.

Traditionally, patients attending the ED are triaged and assessed by junior nursing and medical staff but this new model of care aims to provide early senior-clinician patient assessment right from the beginning to facilitate earlier decision making and improve patient care.

ED consultant, Dr Shaun Greene explains that commencing care with junior clinicians can be inefficient. "Junior doctors are often tasked with initial patient assessment but they do not always choose the most appropriate investigations or care area within the ED, potentially leading to diagnosis or treatment delays. Senior doctors and nurses can much more confidently conduct this initial assessment. We wanted to see what happened if they were involved earlier," says Dr Greene.

In addition to the ED triage area, a new area was created called STAT (See, Treat, Assess and Transfer) from where a senior doctor or nurse assesses patients within 30 minutes of their arrival in ED. The most optimal pathway, investigations and intial treatment for the patient is then decided. "ED comprises a number of different areas such as triage, STAT, main cubicles and a short stay unit," explains Dr Greene. "This model tries to avoid patients taking a convoluted journey through ED. Instead, we aim to move patients only once from triage or STAT to where they need to be. By minimising patient movement within ED, we can create more efficient patient journeys and more timely care."

As part of the redesign, staff considered changing other processes and practices to enhance the new model of care including:

- the rostering of clinicians per patient to match predictable spikes in patient attendances;
- the definition of roles in ED to achieve more consistent practice;
- the creation of clearer patient pathways through ED;
- the introduction of nursing and medical team leader huddles to discuss pressure points, staffing and bed availability.

Overall, the new model has shown promising results with greater numbers of patients being seen more quickly and in the right place. "Average time to treatment has improved, particularly for category 2 patients and we've seen reductions in length of stay," says Dr Greene. "It's certainly demonstrated that we can improve patient flow by changing our design. Hopefully we can continue to build on this model. It has a lot of potential for the future."

Emergency department consultant Dr Shaun Greene

Continuity of care

VICTORIAN HEALTHCARE EXPERIENCE SURVEY (VHES) – 'LEAVING HOSPITAL'

Figure 15: Transition of Care Index (VHES) 2015-16

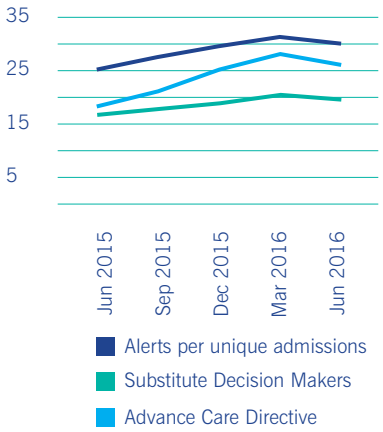
64%	Quarter 1 2015-16
77%	Quarter 2 2015-16
76%	Quarter 3 2015-16
77%	Quarter 4 2015-16

Austin Health has met the VHES transition of care index target of 75 per cent for the last three quarters in 2015-16. Austin Health scores particularly well on questions 70 and 72. The questions are 'did hospital staff take your family or home situation into account when planning your discharge' and 'if follow up with your GP was required, was he or she given all the necessary information about the treatment or advice that you received while in hospital'. Extensive work has been undertaken to provided timely discharge summaries to GPs and outstanding results have been sustained over the past year.

At the same time, the score shows that there is much we can still do to improve the hospital discharge experience for patients.

ADVANCE CARE PLANNING

Figure 16: Advance Care Planning Alert Indicators



Austin Health has an electronic alert system in place for identification of patients with an advance care plan or substitute decision maker. The following data is the percentage of patient admissions over the age of 75 that has an alert for either a substitute decision maker or an advance care plan in place at time of admission.

The data represents the quarterly trend data for the last two financial years. Over that time there has been a steady increase in admissions of patients over the age of 75 with at least one alert in place (dark blue line) and with a substitute decision maker identified (green line). With regards to the advance care plans (light blue line) there has been a sharp increase in the percentage of over 75 year old patients admitted with a plan in place in the last twelve months.

ADVANCE CARE PLANNING CASE STUDY

Michael was a 46 year old man admitted to Austin Health with an advanced and inoperable brain tumour. He had a supportive wife and two young children. He appointed his wife as his agent on a Medical Enduring Power of Attorney document. This meant that if he lost capacity to make medical decisions, she would have the right to assist the healthcare team to make decisions for him.

Michael and his wife were then assisted by an advance care planning clinician to discuss and document what would be important to him as his cognition and health declined. They were given the opportunity to openly discuss topics they had previously avoided about as they were "too hard and upsetting". Michael stated that what mattered most to him were his children, and the memories they would have of him. He wanted to spend as much time as he could with them, but did not want his children to remember him as disorientated, incontinent, and unable to recognise and talk normally with them. He also did not want their last memories to be of him dying at home. He completed an advance care plan outlining wishes for his future health care management. He expressed that if he lost capacity, or could not care for himself, he wanted his wife to focus on the care of their two children and to place him in hospice care.

Six weeks later, Michael became progressively more confused and his care needs increased. His advance care plan was followed and his wife felt confident that she knew his wishes. He was placed in hospice care and his family felt reassured by the fact that they were making decisions in line with Michael's wishes. His wife stated that she felt comfortable being able to visit Michael for a short period each day and then turn her attention to focus on supporting her children, as her husband had previously requested. She did not feel guilty leaving him in the care of others at the hospice. She valued the important conversation that she had with Michael, and the impact it had on helping to guide her decision making.

END-OF-LIFE CARE

Austin Health is a major tertiary health service which serves a large and varied population. There are approximately 1,200 deaths each year within the health service, and care of dying patients is an extremely important aspect of the healthcare that we provide. A policy is currently being developed which sets out the framework for the organisational approach to end-of-life care within Austin Health.

NGARRA JARRA ABORIGINAL HEALTH PROGRAM

Continuous Quality Improvement

The Ngarra Jarra Aboriginal Health Program is in a constant cycle of continuous quality improvement. Each year Austin Health makes several commitments to the Department of Health and Human Services by completing a Continuous Quality Improvement Tool (CQI Tool). This commits to a range of quality improvement strategies aimed and providing culturally responsive healthcare to Aboriginal patients.

Aboriginal Consumer Survey

To help us improve our service and inform our CQI Tool commitments it's important that we hear from our consumers and to assist us this year we are excited to able to use feedback from our newly established Aboriginal consumer survey. This survey provides Aboriginal patients and their families or carers the opportunity to give us with feedback on what we're doing well and what we're not doing so well and it applies to the Ngarra Jarra Aboriginal Health Program and the hospital more broadly.

Our survey is located at: www.miisay.com/AustinHealthNJ.aspx

Aboriginal public sector employment plan

The Austin Health Aboriginal Employment Plan 2012-15 saw the introduction of Aboriginal* Employment as a key Human Resources initiative at Austin Health for the first time as part of the Victorian Governments Karreeta Yirramboi initiative to increase public sector workforce employment and career development outcomes for Aboriginal people.

The key achievements in 2012–15 established a range of foundations to support the plan including:

- Project planning and establishing a governance structure to support Aboriginal recruitment and employment
- Identification and creation of opportunities for Aboriginal employment
- Attraction and recruitment of Aboriginal employees
- Building cultural awareness amongst existing Austin Health staff
- Mentoring and ongoing support for all new Aboriginal employees
- Establishing and strengthening partnerships and alliances with our community

The Austin Health Aboriginal Employment Plan 2016-19 has now been developed and endorsed. The purpose of this plan is to further consolidate the foundations established during the 2012-15 program, and focus on ensuring that a sustainable employment program is established and maintained across what is predicted to be a challenging financial period in the health sector.

*The term Aboriginal refers to both Aboriginal and Torres Strait Islander people.

DISABILITY RESPONSIVENESS

The Austin Health Disability Action Plan 2015-20 commits our organisation to continue to identify and address the barriers that impact on the ability of our patients, carers and staff to be fully included and participate in their community. We will achieve this by improving: access to services; the provision of care; our facilities; and the employment opportunities for people with a disability.
This plan was developed following wide consultation with staff and consumers from across our local government catchment areas. Many actions from the plan have been achieved in the first year including improving collaboration between staff and carers when caring for disabled patients.

FAMILY VIOLENCE

Grant funding has just been received by Austin Health to be 1 of 10 metropolitan hospitals and 3 regional hospitals to implement a whole of hospital service model as part of the "Strengthening hospital responses to family violence initiative". This work will continue in 2016–17. Family violence actions to improve the identification and service response for both patients and staff exists within our statement of priorities and is reported on quarterly to the Department of Health and Human Services.

LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX (LGBTI)

The Austin Health Diversity Committee provides oversight into actions being taken across the organisation in response to providing equitable and inclusive services for our LGBTI communities. The Austin Health Diversity Plan 2015-20 includes actions relevant to this.

In the Mental Health Clinical Service Unit, the first meeting of consumers, carers and staff from across that clinical service unit to discuss improving services for LGBTI consumers and carers was held in June 2016. This committee is now established and will continue to meet and progress work in this space in 2016 and beyond.

INTERPRETER

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

Arabic – العربية
نحن نتكلم لغتكم

Italian – Italiano
Parliamo la tua lingua

Macedonian – Македонски
Ние го зборуваме вашиот јазик

Serbian – Српски
Ми говоримо ваш језик

Greek – ελληνικά
Μιλάμε τη γλώσσα σας

Chinese – 中文
我們使用你的語言

To access these services, please contact:

Language Services 03 9496 3367

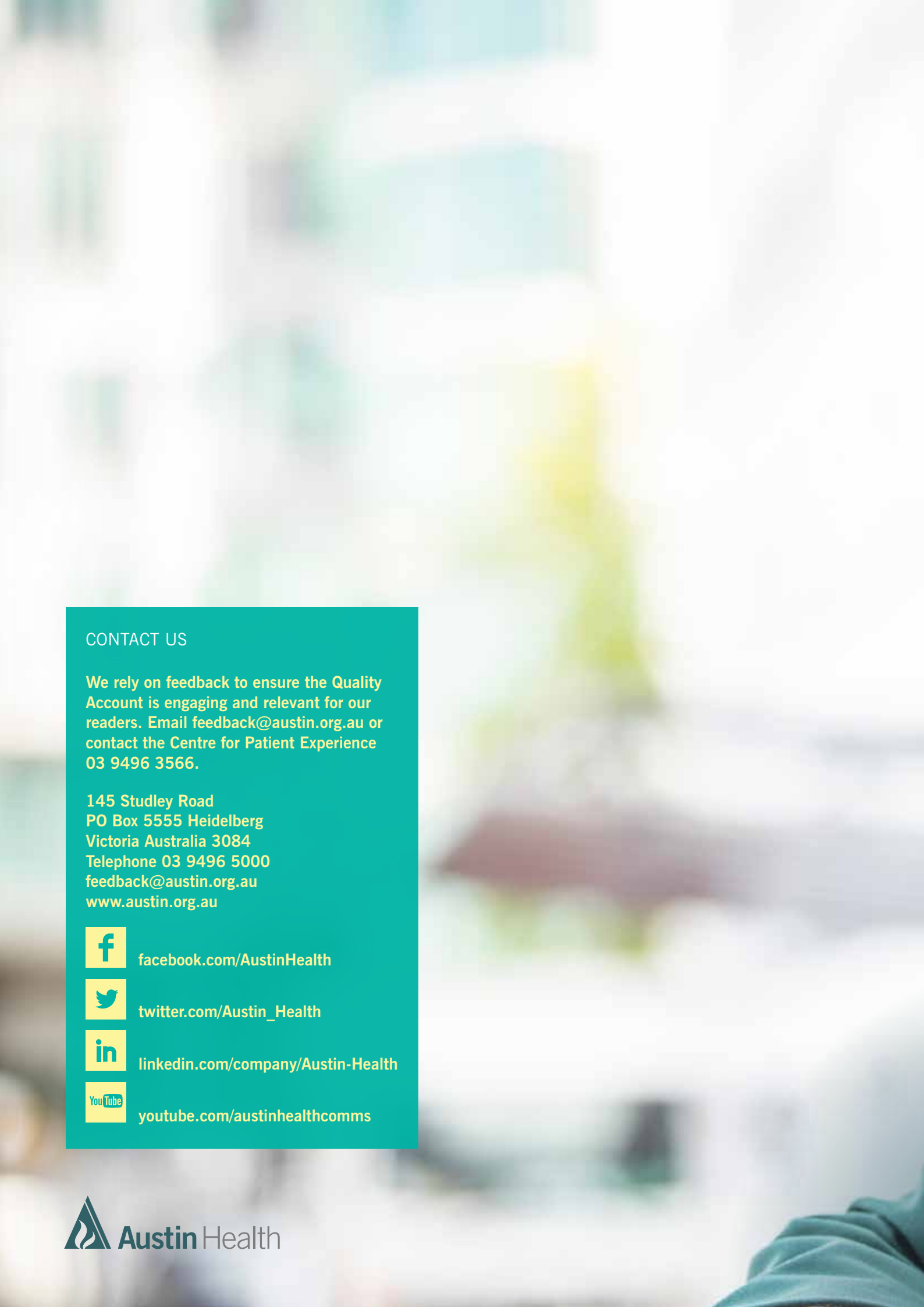
Ngarra Jarra Aboriginal Health Program 03 9496 5638

FEEDBACK ON PREVIOUS QUALITY OF CARE REPORT

In 2014–15, the Quality of Care report was presented as a calendar. The feedback from consumers about this report format and the stories and data in the report was overwhelmingly positive. The main constructive comment was that the calendar was difficult to hang due to its large size. This feedback has informed the design of the 2015-16 Quality Account.

REPORT AVAILABILITY

The 2015-16 report will be printed in limited copies and distributed across key organisational sites and Departments, as well as delivered more broadly to our key contacts and groups within the community. The Quality Account will feature on the Austin Health website in a downloadable format.



CONTACT US

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

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