



Quality Account 2019–20

Providing our community with safe and high quality care

From our Chief Executive Officer and Chief Medical Officer



The 2019–20 financial year has tested our health service on many levels. We are immensely proud of what our staff have enabled us to achieve through an incredibly challenging period. We are particularly proud of their strength, resilience and unwavering dedication to provide safe and exceptional care, and to always put the needs of patients and the community first.

Given the impact of the pandemic, this year's Quality Account reports only on the mandatory reporting requirements outlined by Safer Care Victoria.

Of particular note in this report:

- We continue to perform highly against infection control measures, in particular hand hygiene compliance. For three consecutive years we have achieved a compliance rate of 87 per cent, which is well above the national target of 80 per cent. We also met our flu vaccination target, with 90 per cent of staff inoculated.
- We again rated highly across the key metrics for patient experience in the Victorian Healthcare Experience Survey, which is conducted by the Department of Health and Human Services (DHHS). Our overall patient score was 94 per cent.



- For the first time we measured our Net Promoter Score (NPS) which rates a consumer's willingness to return to or promote a service to others. Our NPS for overall patient experience was 64. For context, global measures regard a score of 50+ as "excellent" and 70+ as "world class".
- Our annual employee opinion survey (People Matter) recorded an overall patient safety culture result of 76 per cent. This is consistent with last year's result and 6 per cent higher than the comparative average.

Next year will continue to present challenges for us as we balance the provision of usual care for new and returning patients and our ongoing response to the pandemic. With our highly skilled and dedicated team, we face the year with confidence.

A handwritten signature in black ink, appearing to read 'Adam Horsburgh'.

Adam Horsburgh
Chief Executive Officer

A handwritten signature in black ink, appearing to read 'Dr Mark Lubliner'.

Dr Mark Lubliner
Chief Medical Officer



Contents

- 2 Consumer, carer and community participation
- 5 Quality and safety
- 13 Comprehensive care

About this report

This report provides information about the quality of care we deliver at Austin Health. The information and data in this report comply with the guidelines and obligations prescribed by Safer Care Victoria.

All figures relate to the period 1 July 2019 to 30 June 2020, unless otherwise specified.

Austin Health is a metropolitan health service established under section 181 of the *Health Services Act 1988 (Vic)*.

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Consumer, carer and community participation

Meeting patient needs and expectations

To ensure we continuously improve the quality of care we provide we regularly review and measure our performance based on how people rate their care.

We do this through independent feedback through the Victorian Health Experience Survey (VHES) and our own patient surveys.

Victorian Healthcare Experience Survey

Independent feedback is received through the Victorian Healthcare Experience Survey (VHES) conducted on behalf of DHHS.

We again rated highly across the key metrics for patient experience, and our overall patient experience score was on par with last year at 94 per cent (against a target of 95 per cent).

Real-time patient feedback

Our own surveys enable us to collect real-time actionable data and help us measure the quality of care we provide.

This year we conducted 840 patient experience surveys. This is significantly lower than last year (1,479 surveys) due to COVID-19.

They told us:

- 99 per cent of respondents have confidence in our clinical staff
- 97 per cent of respondents believe staff do what they say they are going to do
- 93 per cent of respondents feel they're involved in decisions about their care.

As we changed the questions on the survey this year we can't compare results with previous surveys.

Excellence in care

Net Promoter Score (NPS) is a measure of overall patient experience. NPS measures a consumer's willingness to use a service again and whether they would promote the service to others.

The NPS calculation is the difference between the number of people who would promote our service (promoters), and those who would not promote using our services (detractors). Our NPS for overall patient experience was 64. This compares well against global measures which regard a score of 50 and above "excellent", and 70 and above "world class".

Victorian Healthcare Experience Survey results	18/19	19/20
Rate their experience as 'good' or 'very good'	96%	94%
Rate their care/treatment as 'good' or 'very good'	96%	94%
Believe their care/treatment 'always' explained clearly	96%	94%
Overall patient experience	96%	94%

Partnering with consumers

Facilitating and improving participation with consumers is central to meeting the healthcare needs of the community.

Members of the Austin Health community are encouraged to participate in our health service by becoming a consumer partner.

Consumer partners provide valuable input into the way we deliver care by:

- participating in committees
- working on projects
- providing feedback on patient information
- collecting feedback from consumers.

These roles were previously called consumer representatives however were changed this year to align with our renewed consumer partnership framework.

This year we also strengthened our support program for consumer partners, which included refreshing our comprehensive orientation and mentoring program which is delivered by staff, volunteers and experienced consumer partners. We also partnered with the Health Issues Centre to provide our representatives with access to training and support.

Partnering in Healthcare Framework

In 2020, Safer Care Victoria released its Partnering in Healthcare Framework which outlines a new approach to consumer partnership and participation to drive positive changes in health care.

In developing the framework SCV asked consumers what was most important to them and health services were asked to report on progress or achievements across two domains.

The two domains that Austin Health reported on were:

Equity and Inclusion

- We provided cultural safety and cultural responsiveness training for staff.
- We developed our first Workforce Diversity and Inclusion Plan (more information is available in our 2019–20 Annual Report).
- We implemented initiatives to raise consumer awareness of their health care rights.

Effective communication

- We promoted friendly, supportive interactions.
- We provided training for staff on respectful communication.
- We delivered training for staff on health literacy (Teach Back technique).

Transition of care (discharge)

Austin Health has consistently met the VHES Transition of Care Index target of 75 per cent.

We implemented a number of changes to improve the discharge experience for patients including:

- ensuring adequate supports and services are in place for a patient before they are discharged
- improving the discharge summary provided to patients so they are adequately informed about their care plans after they leave hospital.

Our internal patient experience survey has also been redeveloped to seek further information about a patient's discharge experience. Wards can access real-time data and implement improvement strategies where required.

Question	Target	18/19	19/20
Transition of care	75%	76%	76%

Access to certified interpreters

All Austin Health interpreters are certified by the National Accreditation Authority for Translators and Interpreters (NAATI) and are experienced and qualified to work in a health setting.

During the 2019–20 financial year we received interpreter requests across 70 languages. In order of demand these were Greek, Mandarin, Arabic, Italian, Macedonian, Vietnamese, Cantonese, Persian, Bosnian/Croatian/Serbian and Turkish.

We continued to see growth in the number of requests received until April 2020, when there was a sharp decline due to the restriction, cancellation or postponement of some clinical services as a result of COVID-19.

DHHS released guidelines in April regarding the provision of interpreting services during the pandemic to ensure the safety of staff and patients. As a result, interpreting services were provided by phone or Telehealth.

Total face-to-face consults decreased by 10,454 (or 42 per cent), while phone and video consultations increased by 5,208 (or 231 per cent). The use of video technology was particularly useful for the provision of AUSLAN interpreters for deaf or hard-of-hearing patients.

Disability action plan

A number of activities have been delivered this year as part of our 2015–20 Disability Action Plan.

In July 2019, we partnered with the Summer Foundation on a collaborative discharge approach that included the National Disability Insurance Scheme (NDIS), housing providers, support coordinators and Austin Health allied health professionals. This, and several other quality improvement initiatives, has seen the average length of stay in hospital for new NDIS participants reduce from 283 days in 2016 to 101 days in 2019. The time between patients completing rehabilitation and leaving hospital with the necessary supports in place has reduced from an average 192 days to 35 days.

We also:

- Appointed a disability liaison officer to support patients who need to access the NDIS.
- Improved the diversity of our consumer partners to include people with disability to ensure that their issues, concerns and perspectives are considered in planning and decision making.
- Completed an audit of facilities across our main sites focussing on accessible bathrooms to identify opportunities for improvement.

Our 2015–2020 Disability Action Plan ends this year and plans are underway to develop a new action plan for Austin Health.

Improving care for Aboriginal patients

Austin Health is committed to providing a culturally safe and welcoming environment for Aboriginal and Torres Strait Islander patients and their families. As part of this commitment we have instituted a Reflect Reconciliation Action Plan.

This year our main focus has been to:

- provide a welcoming environment for Aboriginal and Torres Strait Islander Peoples
- develop an online Aboriginal cultural awareness training module for all staff.

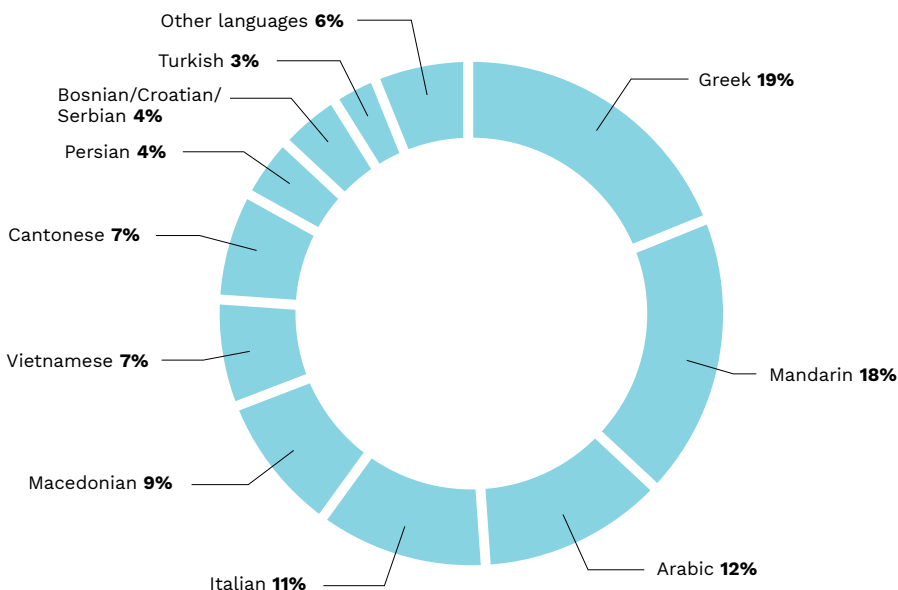
To ensure we can continue to improve our services, we are:

- developing an online survey to measure the experience and quality of care for Aboriginal patients
- using data to strengthen how we monitor and report on quality and safety and patient experience targets for Aboriginal patients.

We also implemented a telephone and social media campaign to promote COVID-19 testing to the Aboriginal community. The week following the campaign saw a 428 per cent increase in screening and testing of Aboriginal patients (based on the prior weekly average).

Our strategies to improve care for Aboriginal patients have resulted in a 16 per cent increase in Aboriginal inpatient episodes and a 3 per cent increase in Aboriginal outpatient episodes.

Interpreter services provided by language – 2019 to 2020



Quality and safety

Complaints management and handling

Following a review last year, we improved the way we manage complaints at Austin Health. To strengthen our complaints handling process, we:

- centralised the management of feedback received by our Consumer Engagement team
- instituted a process to better co-ordinate and manage responses
- developed a postage paid feedback form to make it easier for patients, families and visitors to provide feedback.

Complaints can be lodged by post, telephone, email or on our website. We value all feedback about the consumer experience (what we do well and what we can improve) and ensure that all complaints are efficiently and effectively managed by the most appropriate person.

This year we received:

- 1,061 complaints (up 129 per cent due to our centralised approach)
- 770 compliments (down 22 per cent due to changes in reporting)
- 176 enquiries/suggestions for improvement (down 144 per cent due to changes in reporting).

Responding to complaints

You said ...	We did ...
Requested improvements in multidisciplinary communication	Improved team discussion to facilitate more timely family meetings for people with complex needs
Communication about my discharge plans is inconsistent between medical and nursing staff	Implemented patient journey boards to inform the multidisciplinary team of the patient's journey and status including barriers for discharge
Respond to my concerns as an inpatient in a timely manner	Instituted a performance KPI to ensure all inpatient concerns are addressed within an agreed timeframe by local areas

Adverse events

The clinical incident reporting system is one of the main ways that Austin Health identifies and assesses potential risks of providing health care.

This year 14 incidents with a severity rating of 1 and 116 incidents with a severity rating of 2 were reported and reviewed. (Severity 1 and 2 incidents are those that lead to serious harm or death.)

Incident reviews have led to recommendations for improvement initiatives including:

- Improved documentation processes within the orthopaedic ward to alert staff of relevant past history pre- and post-surgery
- Further development of the theatre optimisation program to improve access to patients requiring emergency surgery
- Safe medication storage procedures in our Intensive Care Unit.

The most serious adverse events meet the criteria for reporting to Safer Care Victoria as "Sentinel events" and require a more rigorous review.

This year there were seven sentinel events reported across Austin Health.

Our Patient Safety and Clinical Excellence Unit introduced safety huddles to review these serious incidents within 48 hours of the event occurring. Huddles involve a member of the executive team, divisional directors and a member of the quality team to provide an overview of the incident, address any immediate safety concerns, establish the validity of the incident, and support the progression of the review.

A refreshed Adverse Events Committee has also been established to review incidents with a severity score of 1 and 2. The committee's role is to review incident recommendations and timeframes and provide oversight to ensure implementation of the recommendations across Austin Health. We also invite consumers to participate in these reviews.

Infection control

Austin Health again achieved high standards in infection prevention and control this year.

Staphylococcus aureus bacteraemia (SAB)

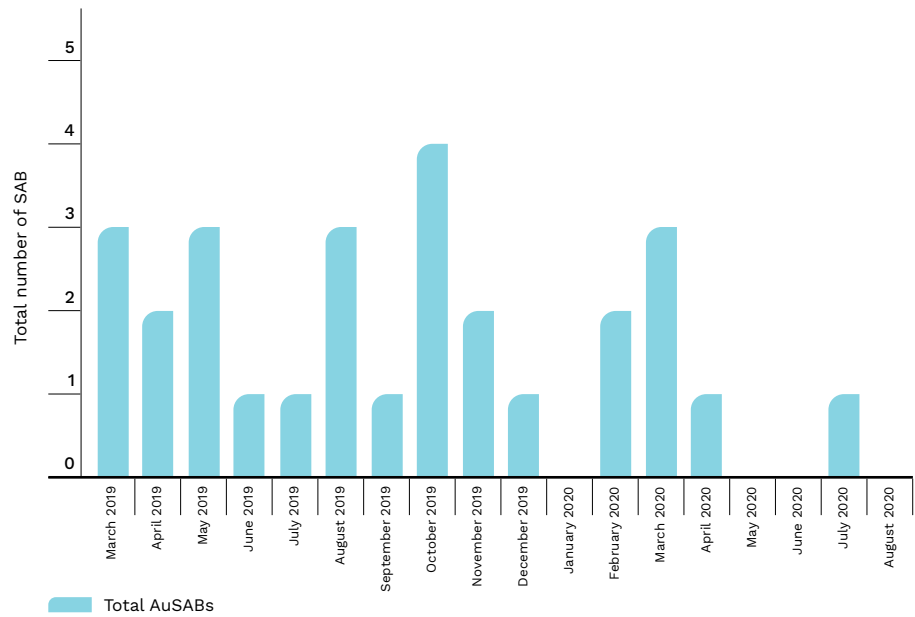
SAB bloodstream infections are often associated with health care and occur when *Staphylococcus aureus* bacteria (also known as *S. aureus* or golden staph) cause an infection of the bloodstream, or bacteraemia.

Our SAB rate has decreased from 0.9 per 10,000 occupied bed days (OBD) last year, to 0.5 this year.

The incidence of SAB continues to trend downwards. Our SAB rate is below the Victorian DHHS target of 1.0 per 10,000 OBD, and the national benchmark of 2.0 per 10,000 OBD.

Our goal is to achieve zero infections through consistent practice in inserting and caring for peripheral and central intravenous lines. There were zero SAB reported this financial year.

Staph aureus bacteraemia (AuSAB) data – March 2019 to August 2020

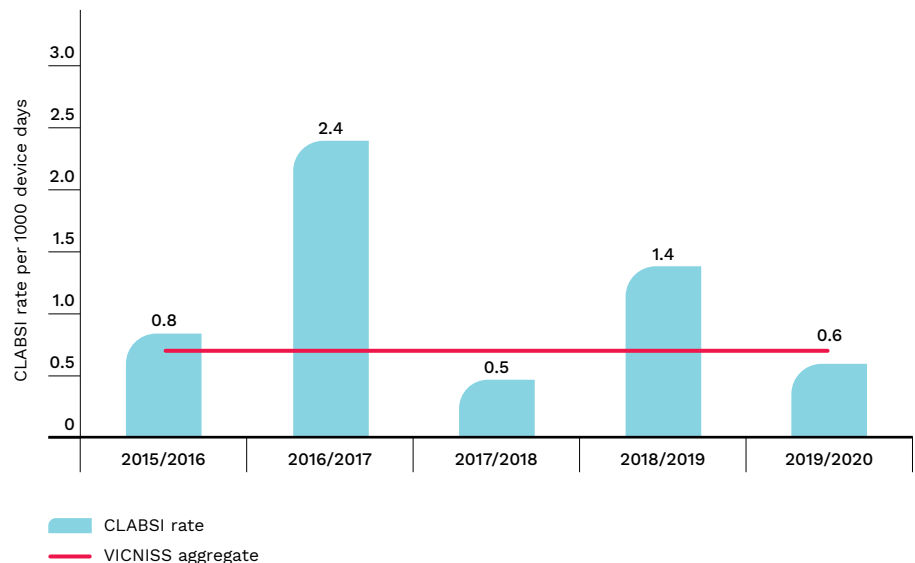


Central line-associated bloodstream infections

The rate of central line-associated bloodstream infections (CLABSI) has decreased, from 1.4 per 1,000 line days last year to 0.6 per 1,000 line days this year. This is below the VICNISS (Victorian Hospital Acquired Infection Surveillance System) five-year aggregate rate of 0.7 per 1,000 line days.

We aim to achieve zero CLABSI in line with the DHHS target. We reported no CLABSI for nine months of the reporting period.

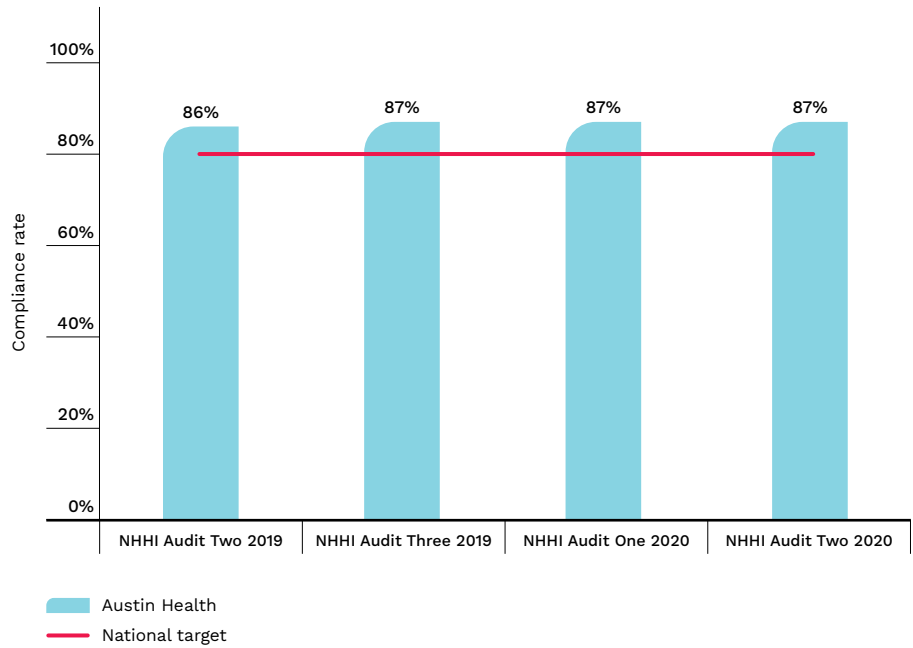
Yearly CLABSI data – 2015 to 2020



Hand hygiene

We audit hand hygiene compliance as part of the National Hand Hygiene Initiative. For the past three audit periods in a row we have achieved 87 per cent compliance, which is above the national target of 80 per cent.

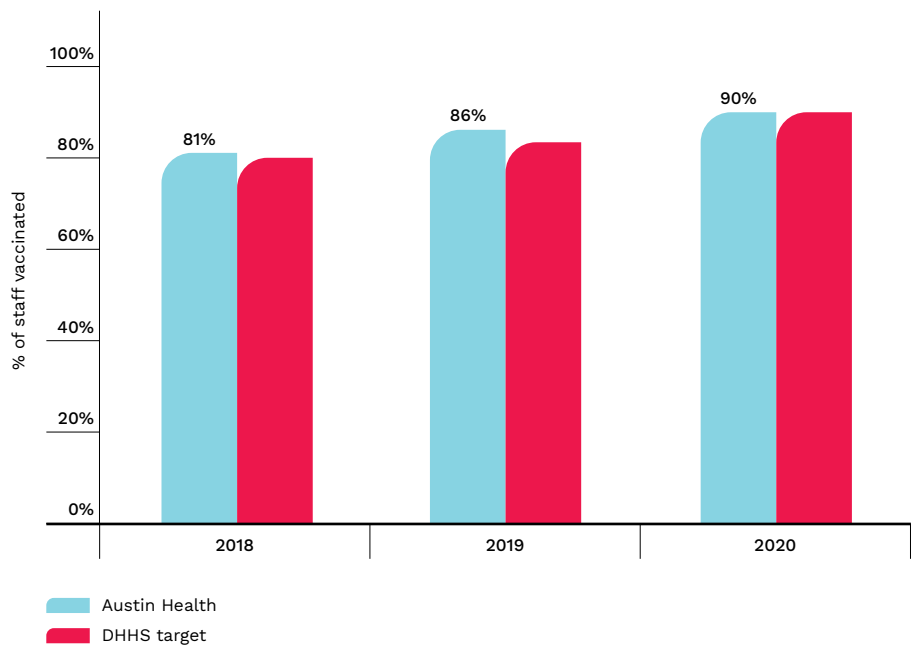
Hand hygiene compliance – 2019 to 2020



Staff influenza vaccination

Influenza immunisation is offered to staff each year to protect them and patients against the flu. This year 90 per cent of staff were vaccinated, achieving the DHHS target of 90 per cent (this target was increased this year from 86 per cent).

Staff influenza immunisation rate – 2018 to 2020



Preventing pressure injuries

A pressure injury is a localised injury to the skin and/or underlying tissue, usually over a bony prominence. It is the result of pressure, or pressure in combination with shear and/or friction.

This year we have seen a further reduction in pressure injuries of 4.4 per cent. Of particular note is the significant improvement in our Intensive Care Unit (ICU), which achieved a 29 per cent reduction. This has been achieved through several initiatives, such as scheduling a three-hour turning routine and changing the way nasogastric tubing is taped to patients.

Our performance is benchmarked against our peers using Health Roundtable (HRT) data. Our rate of pressure injuries is 2.6 per 10,000 bed days which is within the interquartile range.

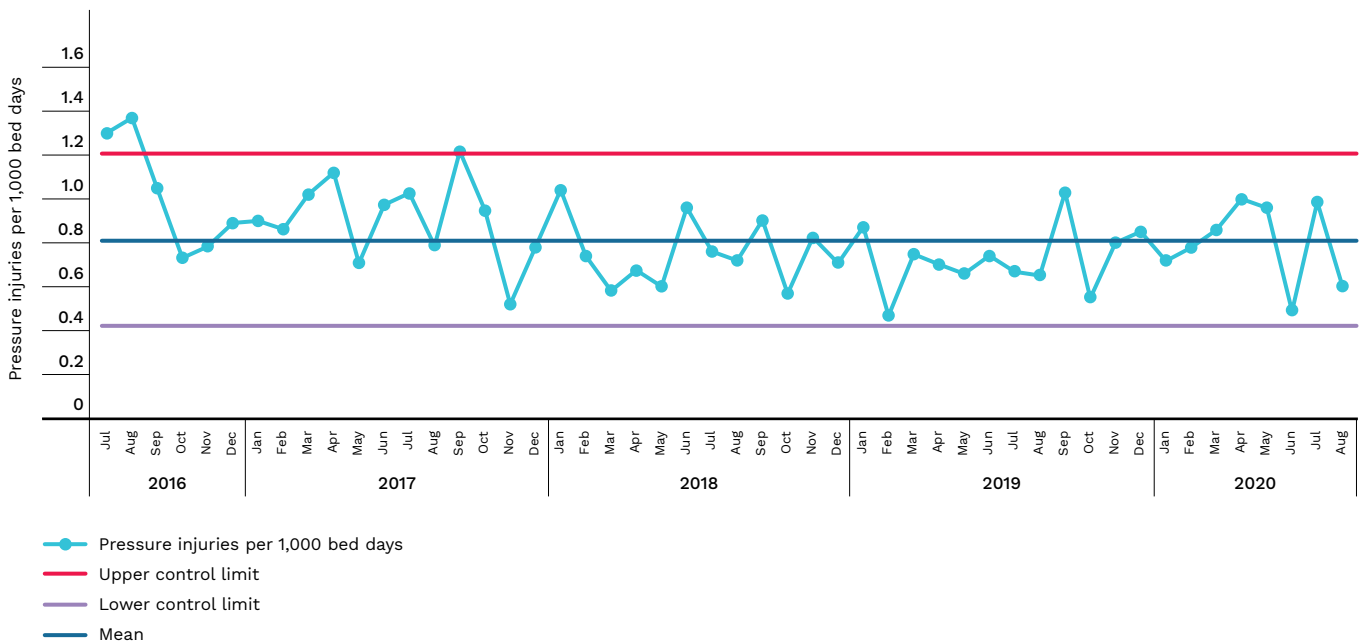
We saw a dramatic improvement in the Nursing HRT data in relation to “Proportion of unspecified pressure injuries” which reduced from 20.3 per cent per 10,000 episodes in June 2019 to 5.7 per cent per 10,000 episodes in June 2020.

A review of all pressure injuries is conducted by our Wound Clinical Nurse Consultant with the support of a working group. The working group monitors pressure injuries in real time and works with point of care staff to ensure accurate documentation, staging and management of wounds.

Initiatives undertaken this year to reduce pressure injuries include:

- Reviewing risk assessments completed on admission or where there is a change in clinical condition to ensure they are validated and clinicians can accurately assess the level of risk for every patient.
- Upgrading inpatient beds across the organisation. The new beds enable patients to be repositioned to optimise weight distribution and relieve pressure areas.
- Wound Resource Education Nurses (WREN)s undertaking ward-based audits of risk assessment and unit-based reviews of pressure injury documentation and using clinical photography for pressure injury management.
- Implementing education strategies focussed on turning schedules and pressure injury prevention strategies.

Pressure injuries – 2016 to 2020



Preventing falls

Austin Health closely monitors internal and external falls data. Internal data this year indicates a 5 per cent increase in the total incidence of falls.

Initiatives to reduce the incidence of falls include:

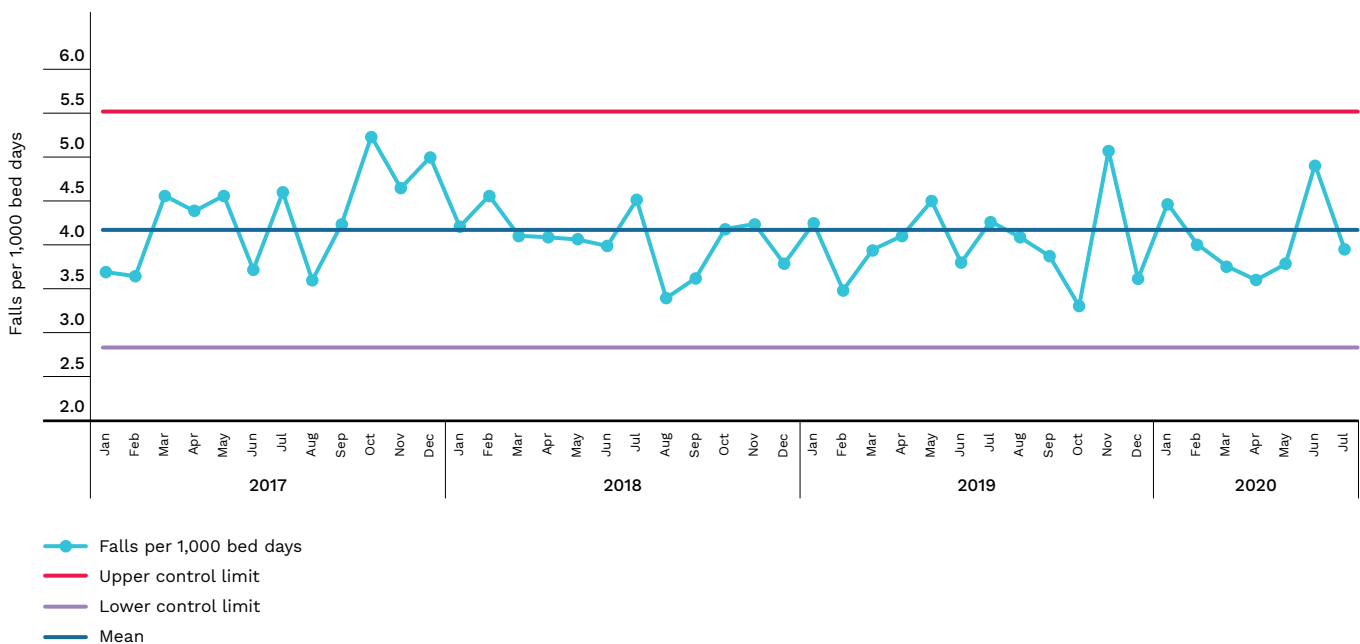
- Developing a comprehensive care dashboard to provide greater transparency regarding the incidence of harm.
- Working closely with consumer partners to review educational material provided to patients and their families. Improved patient information about how to stay safe in hospital will be provided to patients at the bedside.

- Safer Care Victoria’s new guidelines for bedrails have been incorporated into our Bedrails Policy and we will be implementing an education program for clinical staff next year.
- Reviewing our Post Fall Management Policy against best practice. This has led to the development of a multidisciplinary post fall review learning package which will be available to clinical staff through our online learning management system.

HRT data from June 2019 shows that the indicator “proportion of in hospital falls” was within the interquartile range at 0.32 per cent of falls per total inpatient admissions. The indicator “falls resulting in fracture or intracranial injury” remains within the interquartile range with a rate of 5.3 per 10,000 episodes.

Data shows there was an increase in falls and falls with injury during the COVID-19 pandemic. There are several hypotheses that we are currently investigating to understand the cause. We are also collaborating with two metropolitan health services to review the incidence of falls across this period.

Falls – 2017 to 2020



Escalation of care

Austin Health has a well-established process called PACE (Patient and Carer Escalation) for a patient or their carer to escalate concerns about their health care needs while in hospital. This enables patients and clinical teams to work together to resolve areas of concern. This year there were 15 PACE calls, which is down 42 per cent on last year.

Mental health

Every year, mental health services in Victoria are benchmarked for quality and safety and are required to report on their seclusion rates, and the use of mechanical and physical restraint, within their inpatient units.

We monitor seclusion and mechanical/physical restraint across our mental health services through a monthly quality meeting. This is reported to our Leadership Executive Quality meeting, which is chaired by the Medical Director, Mental Health.

We also participate in DHHS’s Creating Safety Group, which oversees the use of restrictive practice.

During 2019–20 our seclusion rates were well below the DHHS target of 15 seclusions per 1,000 bed days, except in August last year which was above the target. This was due to repeat occurrences of occupational violence, with a higher number of seclusions required to keep staff, patients and visitors safe.

Reducing restrictive practices

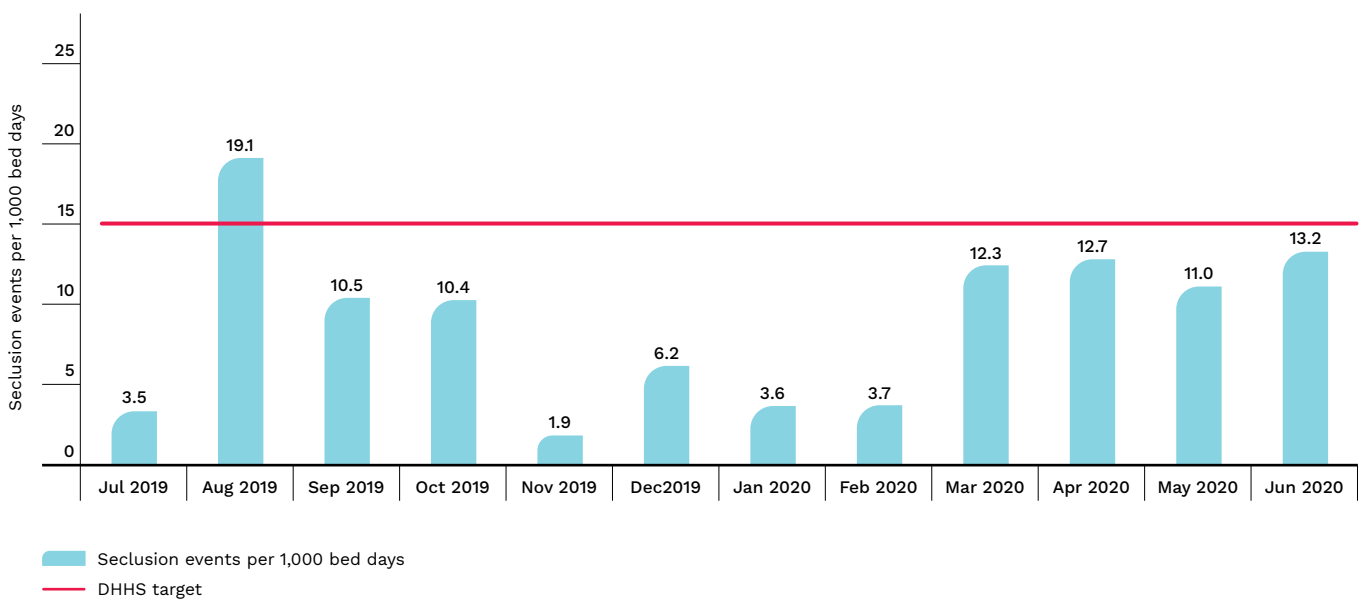
The management of restraint and seclusion is guided by our seclusion pathway where a multidisciplinary team led by a consultant psychiatrist review each episode of seclusion. The team identifies potential individual and systemic factors that may have contributed to the seclusion, ensuring that care and immediate treatment options are in place to minimise the likelihood of future seclusions or restraint episodes.

Compliance with the pathway is regularly audited and all acute clinical staff are provided with ongoing education about these processes and procedures.

Several strategies have been adopted to help reduce the need for seclusion or restrictive practices:

- Treating teams document early warning signs and recommended interventions as part of a patient’s safety plan. Where possible, this involves the patient, their carer, and their outpatient team.
- Through our Safewards initiative, de-escalation techniques are embedded in aggression management training.
- The application of pharmacological management with acute arousal protocols.
- The use of low stimulus environments for more acutely distressed and aroused patients, single bedrooms on some acute wards and quiet spaces/sensory rooms.

Seclusion events – 2019 to 2020



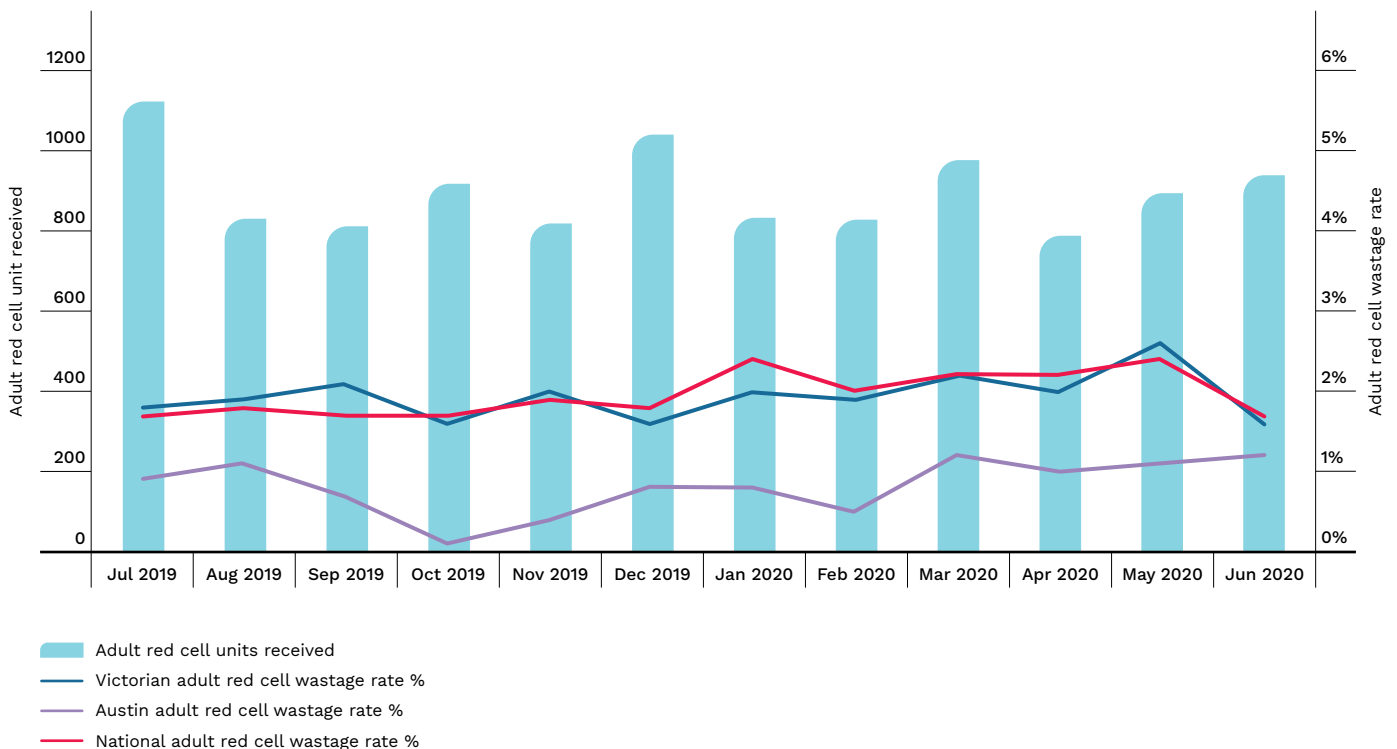
Blood products

Our blood bank receives and supplies around 10,000 units of red cells per year. We have strategies in place to ensure that we only use what is required and to minimise wastage, including:

- monitoring blood requests to ensure they are appropriate and required
- actively promoting a Single Unit Transfusion Guideline which requires patients to be reviewed between transfusions to make sure the blood is needed
- rotating stock to ensure it does not expire and reducing inventory levels during periods of lower demand.
- enforcing the “30-minute rule” for all blood out of cold-storage, ensuring it is transfused within that timeframe.
- monitoring blood when it’s being transported from the blood bank to the bedside to ensure it maintains the optimal temperature.

This year our blood wastage rate was 0.8 per cent, which is well below the Victorian and National red cell wastage averages of 2-2.5 per cent.

Adult red cell units use and wastage – 2019 to 2020



Accreditation

All Australian health services are surveyed under the National Safety and Quality in Health Service Standards (administered by the Australian Commission on Quality and Safety in Health Care), which includes acute care, sub-acute care and mental health services. Austin Health was last accredited in 2018.

Eight National Standards measure quality of care in key safety areas for patients, such as comprehensive care, blood products, infection control, recognition and response to deterioration, and communicating for safety.

The Standards also focus on clinical governance and partnering with consumers to ensure that health services are responsive to patient, carer and consumer input and needs.

This year we restructured our Patient Safety & Clinical Excellence department to support the implementation of version 2 of the National Standards program. This included the appointment of clinical leads across the eight National Standards. We are continuing to work towards implementation of version 2 of the National Standards program which will be in place for when we are next accredited.

People Matter survey

The People Matter Survey is an employee opinion survey run by the Victorian Public Sector Commission to measure staff engagement. The survey invites employees to express their views across a range of areas including patient safety.

In 2019, over 1,500 Austin Health employees participated in the survey (or 22 per cent of our workforce).

Our overall patient safety culture result was 76 per cent. This is consistent with last year's result and 6 per cent higher than the comparative average.

Against the nine patient safety questions, we achieved above the comparator average. We also recorded improvements against the following patient safety questions:

- "I am encouraged by my colleagues to report any patient safety concerns I may have"
- "The culture in my work area makes it easy to learn from the errors of others".

Committed to continuous improvement

We have used the People Matter results to strengthen a range of programs including the design and development of nursing manager programs with linkages to Austin Health's broader leadership program. A focus on Team Nursing and the decision-making framework has strengthened the provision of safe care particularly through the COVID-19 pandemic.

We have also conducted a range of quality improvement activities. For example, our Neuroimmunology Clinical Research, Education and Support Service (N-CRESS) team explored factors influencing patient treatment decision-making in Multiple Sclerosis (MS). This research project acknowledged the vast array of treatment options available to patients with MS and aimed to clarify what was most important to them when making their decision. Results showed that fear of disability was the driving factor in determining treatment choice, followed by perceptions of efficacy and safety. Austin Health is using these results to influence the way in which we communicate with our patients.

Comprehensive care

Advanced care planning

Advance Care Planning (ACP) aims to give patients and their families the opportunity to discuss and document their preferences for health and personal care in case there comes a time when the patient is unable to speak for themselves.

The process also encourages patients to consider who would make their medical treatment decisions.

Following an education campaign with staff involved in patient care, 75 per cent of inpatients now have a Medical Treatment Decision Maker (MTDM) documented in their medical record. Communications have also been developed to educate patients on how to identify and, if needed, appoint their MTDM.

End-of-life care

The hospital-funded “CLEAR Decisions - Choosing Wisely” project, which aims to reduce unnecessary tests, treatments and procedures, was completed in June this year. The project saw several initiatives rolled out, including:

- Implementing the Goals of Care form which helps ensure patients are involved in planning their medical treatment. This was supported by over 90 education sessions with 1,600 clinical staff from 35 clinical settings and 26 specialty units.
- Introducing the Terminal Phase Symptom Observation chart across our aged care wards to improve end-of-life symptom management. The process is currently being piloted in emergency and general medicine wards, with plans to implement across all wards next year.

Other activities focussed on end-of-life care included:

- Completing a gap analysis against the National Standards for End of Life Care. An action plan was developed to address gaps and an End of Life Care Committee instituted to oversee implementation.
- Palliative care staff participating in sub-committees involved in the development of Safer Care Victoria’s state-wide palliative care symptom management guidelines.

One of the biggest challenges this year was worst-case scenario planning for COVID-19. Palliative care staff joined national and international collaborations to understand the needs of the sickest COVID-19 patients. Relevant clinical resources and processes were developed to help staff safely provide the best care to these patients.

Austin Hospital

Olivia Newton-John Cancer Wellness and Research Centre

145 Studley Road
Heidelberg Victoria 3084
P. 03 9496 5000
F. 03 9458 4779

Heidelberg Repatriation Hospital

300 Waterdale Road
Ivanhoe Victoria 3079
P. 03 9496 5000
F. 03 9496 2541

Royal Talbot Rehabilitation Centre

1 Yarra Boulevard
Kew Victoria 3101
P. 03 9490 7500
F. 03 9490 7501

Austin Health acknowledges the Traditional Custodians of the land and pays its respects to Elders past, present and emerging.

Austin Health celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

