

20 14 Outstanding

PATIENT CARE,
RESEARCH
& EDUCATION



Contents

Welcome	02	Side-by-side with cancer patients	22
Exploring a smarter way to care	04	Fighting fit	24
The Surgery Centre	06	Cultural communication	26
Spinal research	08	The consumer voice	28
Physiotherapy	10	Austin Hospital patient diary program	30
Professor Berkovic	12	The new Palliative Care Ward	32
Revolutionising healthcare	14	Controlling your health journey	34
The Emergency Department	16		
Take a look at Pathology	18		

Appendix

Consumer Participation at Austin Health	36
Clinical Governance	38
Cultural Diversity Unit Report	39
Ngarra Jarra Aboriginal Health Program Report	43
Austin Health Data	46



We were delighted to receive outstanding accreditation results; a testament to the quality of both clinical and operational leadership right across the health service. Our results represent one of the best accreditation outcomes seen nationally with the new standards.

I am pleased to introduce Austin Health's 2014 Quality of Care Report. The report demonstrates our ongoing commitment to the delivery of safe, high quality healthcare and outlines our quality improvement program.

This year has been an exciting one for Austin Health.

We were delighted to receive outstanding accreditation results; a testament to the quality of both clinical and operational leadership right across the health service.

The accreditation survey comprised an organisational wide review against the 10 National Safety and Quality Health Service Standards, the 10 National Standards for Mental Health Services and Community Care Common Standards. The nine member team surveyed our three sites and concluded that a culture of continuous improvement exists right across the organisation. The survey team assessed our performance as "met with merit" for a very high number of criteria (78 out of 209). This is one of the best accreditation outcomes seen nationally with the new standards.

It was evident to the survey team that the patient is at the centre of all objectives and change management strategies and that consumer engagement, through formal and informal mechanisms, is well embedded. Congratulations to all staff for this tremendous achievement. We will continue to implement suggestions provided by the survey team to guide the organisation's journey of continuous improvement into the future.

We are excited to have formally opened, at the Heidelberg Repatriation Hospital, the Community Recovery Program. This facility provides long-term accommodation and support to people with mental health illnesses. It is an innovative transition program, run in collaboration with Mind Australia, which helps people who have mental health illnesses learn the independent living skills necessary for them to participate in the community.

Similarly, we are very proud that the new mental health Prevention and Recovery Care Service (PARCS) in West Heidelberg is open and residents have moved in. PARCS is a short-term, home-like residence for local people with mental health illnesses who need additional support, but who do not require admission to hospital. This is the first PARC service available to people in Banyule and Nillumbik and another excellent community-based mental health facility.

Austin Health launched a new program this year designed to help us find more ways to improve our systems and processes. 'Advancing Austin' seeks to engage all staff to think about how we might be smarter in our delivery of healthcare. By improving the efficiency of our systems and processes, we can strategically reinvest savings into initiatives such as new support systems and new clinical services to keep our rightful place as a leading tertiary, high-level teaching hospital. There has been an encouraging level of engagement in the program from staff with many exciting ideas already being explored.

Another very exciting initiative this year has been the implementation of the new proactive consumer engagement strategy. We aim to engage all staff across the organisation in a strong commitment to improving the patient experience. Many processes are now in place to enable consumers to provide us with feedback about their experience at Austin Health and this feedback allows us to continually develop the services we provide to our community.

Advances in quality of care are often underpinned by great clinical research. Two of our great medical researchers, who have made substantial contributions to advancements in clinical practice, were appropriately recognised this year. Professor Sam Berkovic (who has revolutionised the treatment of epilepsy) received an AC in the Order of Australia and Professor Rinaldo Bellomo (who has fundamentally changed Intensive Care Unit practice) was recognised as one of the most influential scientists of the decade. It is hugely pleasing to see research which directly improves patient care.

Volunteers play a very important role at Austin Health in delivering a great patient experience. We were very proud of our Respecting Patient Choices (RPC) Community Ambassadors, who won the Minister for Health Volunteer Award for Outstanding Achievement by a Volunteer Team in Metropolitan Health. The volunteers provide a much-needed service educating our community about advance care planning. The compassion and commitment they display in their work is exemplary.

I hope you enjoy reading our 2014 Quality of Care Report. Thank you to those who have shared their stories and prepared this year's report.

Welcome



Dr Brendan Murphy
Chief Executive Officer

Exploring a smarter way to care

no butts about it

In Australia, health care expenditure is rising. There are many reasons why this is happening: people are living longer and developing lifestyle conditions such as obesity; there are higher costs associated with advances in treatments, technology and pharmaceuticals, along with higher community expectations, to name just a few factors. So, how do we create a more sustainable system?

One approach is to redesign our health workforce to better meet the community's needs. Innovative strategies that allow us to best utilise the skills of our workforce are being explored right here at Austin Health so that we can care for the community in a smarter way.

Austin Health has led the trial of an exciting new model of care in which registered nurses are trained, under the supervision of gastroenterologists and colorectal surgeons, to perform colonoscopies; a procedure which is traditionally the domain of doctors.

Colonoscopy is the exploration of the colon and rectum using an endoscope. The endoscope is a flexible tube, about 1.2cm in diameter, with a light and a video camera. It enables the identification and removal of small lesions or lumps in the bowel which may become cancerous in later years.

With growing demand for colonoscopy services, this newly created role is a clever approach to ensure ongoing timely access to this important investigation.

Jomon Joseph is Austin Health's (and Victoria's) first nurse endoscopist and since completing his training in December 2012, he has conducted over 600 independent colonoscopies. "We now see suitable patients within 12 to 18 weeks, as opposed to 12 to 24 months. Should there be a problem, it can be addressed quickly and hopefully caught early enough to prevent bowel cancer. It frees up the doctors to see patients with more complex problems, while also providing a new and exciting career pathway for nurses," says Jomon.

Due to the success of the program, The State Endoscopy Training Centre has been established at the Austin Hospital. Funded by the Victorian Department of Health, the centre will develop and support the training of nurse endoscopists for hospitals right across Victoria.

Tell me what I need to know about bowel cancer

- *Bowel cancer is the second most prevalent cancer for men and women in Australia and early detection is important.*
- *Symptoms include: changes in bowel habits, bleeding from the back passage or unexplained weight loss.*



Did you know?

Bowel cancer is the second most prevalent cancer for men and women in Australia and early detection is important.

The Surgery Centre

a stable procedure

At the Heidelberg Repatriation Hospital, The Surgery Centre's 8 theatres were dated but well-built. They had been closed in the mid-1990s, when all surgery moved to the Austin Hospital following the merger of the two hospitals. But a decade on, they presented an exciting opportunity to provide a radical departure from the traditional model of elective surgery healthcare, separating short stay elective surgery from emergency surgery and complex elective work.



TSC has helped slash waiting queues for elective surgery at Austin Health with a 50 per cent improvement of semi-urgent (category 2) patients treated within the recommended times.

Austin Health CEO, Brendan Murphy says modernising and recommissioning the theatres has been a hugely exciting project. "We have been able to set up a system where lower-level elective surgery is predictable and can be planned rather than being vulnerable to the unpredictable flow of emergency work."

Since 2008, 41,000 operations have been performed in The Surgery Centre's (TSC) renovated theatres. Not surprisingly, TSC has helped improve waiting times for elective surgery at Austin Health with a 50 per cent improvement of semi-urgent (category 2) patients treated within the recommended times.

Associate nurse unit manager, Karen Cook says The Surgery Centre treats about 200 or more patients over a five-day week. "Two-thirds of our patients are in for a day, with the rest staying overnight or multi nights. Each year, the number of patients being seen continues to rise."

Last year the remaining four theatres were refurbished doubling TSC's capacity and more sophisticated equipment was introduced to handle higher category operations such as hip and knee replacements and breast reconstruction for recovering cancer patients. While Austin Hospital's theatres continue to deal with complex electives, The Surgery Centre can now focus on gall bladder operations, skin cancer removal, endoscopy procedures, lens replacements for cataracts and the treatment of bone fractures.

In a most significant achievement, 50 per cent of hip and knee replacements are now undertaken at the Heidelberg Repatriation Hospital. All joint replacements were previously performed at the Austin Hospital but an enormous amount of work has been undertaken to allow these operations to be performed safely at the HRH, freeing capacity at the Austin Hospital. In 2014, 56 orthopaedic operating sessions were completed at the HRH compared with eight in 2008.

Spinal research

rebuilding lives today

An accident resulting in a spinal cord injury is certainly a life changing event but powerful advances in research, treatment and support are helping people return to their chosen lives.

It was Australia Day, 2012 when Jim Anderson dived into shallow surf at Seaspray, Ninety Mile beach, Gippsland. "I knew straight away what had happened," recalls the 24-year-old.

Jim had suffered a spinal cord injury (SCI) and was transferred to the Austin Hospital, a world leader in the treatment of people with quadriplegia and paraplegia.

The following days and months involved the highest level of care – surgery to stabilise his spine, six days recovering in the Intensive Care Unit and electrical stimulation to strengthen his muscles.

Jim had complete and permanent C6 quadriplegia, allowing him some movement of the wrist but no grasp and release or dexterity of his hands.

Some months later, after commencing intensive rehabilitation at Austin Health's Royal Talbot Rehabilitation Centre, Jim was offered ground-breaking surgery to become the first person in Australia to undergo a triple nerve transfer. "I said yes before they even explained it," he says.

While Dr Andrew Nunn, director of the Victorian Spinal Cord Service at Austin Health, admits there is as yet no cure for SCI, he says, "This surgery is the biggest advance in decades. It aims to restore the function of the arms and hands by rerouting nerves affected by SCI."

Jim's first life-changing operation occurred on July 7, 2012, with surgery to his left side. Three months later, he underwent similar procedures on the right.

Five months after surgery, Jim was able to extend his fingers and demonstrate the use of his triceps. He is now one of ten patients with C5 and C6-level quadriplegia who have regained some use of their arms and hands after nerve transfer surgery at Austin Hospital. "For a person with quadriplegia, that's unbelievable," says Andrew.

Andrew says Austin Health is uniquely positioned because globally there are very few services that provide such a comprehensive spinal service. "We provide care and research from when a person acquires a spinal injury, through the acute hospital stay and through to rehabilitation and supported integration into the community. We are with the patient every step of the journey," he says.

Excellence

Supporting spinal patients through rehabilitation and integration is a specific area of expertise for leisure specialist, Campbell Message (pictured). As an elite wheelchair basketballer and former silver medallist at the 2004 Paralympics, Campbell knows the possibilities that exist for people with spinal cord injuries. Along with the Spinal Community Integration Service (SCIS) team, Campbell is determined to spread a message of potential beyond disability to people and help to demonstrate life's possibilities. "I want to re-connect newly injured patients with that vision of possibility and challenge preconceptions," says Campbell.

Campbell says with the right support, spinal cord patients can rebuild their lives and participate in meaningful activity again. "I had a client who suffered a complete spinal cord injury. He explored the possibilities available to him to minimise loss from his injury, but he also looked into how he might return to sport in an adapted form. He returned to work and met a girlfriend. Now he is playing high level wheelchair sport, he has a great job and a young child. With the right support, treatment and ongoing research, we truly can ensure patients reach their full potential," he says.

Physiotherapy

the power of mobility

The Intensive Care Unit at the Austin Hospital is where we care for our most critically ill patients. It is hardly a place you'd expect to see a man cycling in his bed...

Surrounded by physiotherapists, a man lies unconscious in one of Austin Hospital's Intensive Care Unit (ICU) beds. His legs are hooked up to a motorised cycling machine and he is peddling, as if he were on a bike. Electrode pads artificially stimulate his lower-limb muscles – the most susceptible body part to muscle loss during his time in ICU. The theory is that cycling will help keep his muscles conditioned and strong. It is a world-first trial with early results showing patients who participate in the trial standing and walking faster, experiencing reduced delirium and improved physical function compared with their non-participating peers. Just as we know exercise helps keep us fit when we are well, Austin Hospital researchers predict the earlier we can start moving when we've been unwell, the better we will recover later on.

Associate Professor and Physiotherapy manager Sue Berney, who is undertaking trail-blazing research in this area says, "Survivors of critical illnesses tend to be inactive because of weakness or disability but bed is actually the worst place to be when you are sick or recovering from sickness. Critically ill patients who remain inactive can lose up to 20 per cent of their muscle mass. This de-conditioning of the body delays recovery of physical function such as standing and walking and can affect balance which can then increase the time spent in hospital and reduce independence following hospital discharge. So, we need to encourage patients to get active as early as possible," she says.

However, Sue says it is most important that each individual patient has a conversation with their treating health professionals about how to safely engage in activity especially after they leave hospital. "It is about tailoring activity to each person to maximise their independence in a safe way. This means thinking about what type of activity you can do and when the right time to start may be. For one person, walking to the letterbox and hanging clothes on the line may be perfectly acceptable as soon as they get home; but for another, this might be too risky. Your treating health professionals will be able to tell you how to gradually and safely start physical activity as a part of your recovery," she says.



AUSTIN HEALTH'S WORLD-LEADING RESEARCH TO STUDY THE BENEFITS OF INCREASED PHYSICAL ACTIVITY LEVELS ON EARLY REHABILITATION



AVERT

AVERT (A Very Early Rehabilitation Trial) is researching the effect early and intensive rehabilitation has on stroke survivors. The trial examines whether early and frequent out-of-bed activity can, on top of standard care, reduce death and disability from stroke, reduce the number and severity of stroke related complications and improve quality of life by altering bone, muscle and brain recovery.



Fit2Go

Austin Hospital's Ward 7 West launched FIT2GO, a group-based exercise program to encourage patients who are medically ready for discharge, to be active safely.

The program involves cardiovascular exercise, weights to improve muscle strength, music and socialising, of course!



MOVE

The Physiotherapy Department's biggest research project, MOVE is trialling how older patients in a rehabilitation setting can recover function if given access to physiotherapy sessions outside normal working hours. In conjunction with La Trobe University, and backed by the National Health and Medical Research Centre, over 200 patients will be provided with additional physiotherapy sessions after hours and on the weekends when they would traditionally be undertaking very little activity. The results of this groundbreaking trial will be released in 2016.

For a young doctor considering a speciality in 1978, neurology was an unpopular choice. For most graduates, it didn't have the appeal of 'sexier' specialities like cardiology or endocrinology. But Samuel Berkovic had always been interested in the brain and he saw a chance to make a contribution to the field. His excitement was fuelled by the Austin Hospital's first neurologist, Dr Peter Bladin, who formed the hospital's Neurology Unit and took Sam under his wing.

It was, in fact, precisely the right time to enter the field. During the 1980s, neuro-imaging would revolutionise the field providing an explosion of technical refinements and diagnostic applications enabling the diagnosis of brain pathology – hardly dreamed of a decade earlier. Clinical neuroscientists, like Sam, would be able to use magnetic resonance imaging to visualise the majority of structural brain abnormalities responsible for epileptic seizures. Positron emission tomography and single photon emission computed tomography would help pinpoint an epileptic region by looking at localized dysfunction in brain blood flow along with metabolism and chemical processes during and between seizures.

In 1995, Sam and his team, along with collaborators in Adelaide and Germany, discovered the first gene linked to epilepsy and profoundly changed the way we research, diagnose and treat epilepsy. Sam says epilepsy might have been in a person's family history but it was only with the revolution in molecular genetics that we've gained traction in understanding it. "It is now accepted that genes important for brain development and for allowing cells to transmit electrical signals (ion channels) can cause epilepsy; and the landscape of genes involved in epilepsy is now increasing."

There are two broad types of epilepsy: generalised and focal. Sam says generalised seizures begin simultaneously on both sides of the brain whereas focal begins in one particular part of the brain. "Focal epilepsies have been relatively easy to understand. The area around a lesion in the brain like a serious head injury or tumour can lead to epilepsy. But surprisingly, we also found that focal epilepsy could be due to a genetic abnormality. These genes are everywhere in the brain. So, why do they lead to focal epilepsy? We still don't fully understand this. It's a complex jigsaw puzzle. About 20 years ago we had a fairly simple view that as genes were being discovered, we'd have one syndrome that we recognise as clinicians and that there'd be one gene for that, but we couldn't have been more wrong. Each syndrome that we recognise as relatively homogenous has turned out to have a number of genes; and even more than that

one gene can cause different syndromes, particularly if it's mutated in slightly different ways. As a clinician, it makes you want to throw up your hands and say, nothing will be sorted out here! As a researcher it's exciting though because it gives us the stimulus to try and figure it all out and make nature simple again," he says.

3%

Epilepsy affects about 3 per cent of the population at some time in life. It is not a single disease but a symptom of any number of disorders.

Sam says it is important to understand the burden experienced by people with epilepsy and their families. "It is a dehumanising disease. Seizures might only last a minute but they are unpredictable, so the worry about having the seizure is constant. That's pretty scary and leads to a lot of difficulty dealing with the psycho-social aspects of epilepsy," he says.

Although patients and their families seek treatment or a cure, Sam says the identification of a cause is also important. "If you've got a beautiful child who starts getting epilepsy and you don't know what caused it, it is incredibly difficult for families. In the past, many families carried around the belief that the epilepsy was due to a fall from the change table or a trauma relating to the birth of the child. That's a very heavy burden. You would see families spend their lives in a fruitless search with absolutely no idea, seeking alternative practices or going to the 50th doctor."

Sam says when families understand the cause of epilepsy, it allows them to move forward after a diagnosis. "It really is a milestone when we can say a child's particular syndrome is due to a particular gene. We can then stop considering potentially invasive testing and we can tailor treatment with particular groups of drugs. Families are often then interested to meet other people with children with similar problems. This brings a sense of community, strength and empowerment and that's incredibly important," says Sam.

Of course, the end point will be when research can be turned into direct treatment for particular genetic mutations. Sam says that's a much longer road, but he is optimistic. "We can actually see the landscape for it now and the path to move along. That's happening here through the great team at the Melbourne Brain Centre located at the Austin Hospital and at Parkville together with colleagues in other places around the world," he says.

Professor Berkovic

an engaging mind

Three thousand years ago, epilepsy and its symptoms was first documented in an ancient Akkadian text but its cause would remain a mystery, perplexing the greatest minds for centuries. This year, Professor Sam Berkovic was appointed Companion in the Order of Australia for helping to decode the complex neurological puzzle that is epilepsy; forever changing the way it is researched, diagnosed and treated.

Revolutionising healthcare

the digital hospital

Five years ago, it seemed an impossible challenge. How can you introduce an electronic medication system right across a health service so that all aspects of medication management are computerised? It was a huge and complex undertaking – one which few public hospitals in Australia would dare attempt.

At the time, medication management was paper-based. Doctors wrote their medication orders on a paper chart which was reviewed by a pharmacist and then used by nursing staff to administer the medication. If the order was difficult to read, the doctor would need to be tracked down again for clarification. If one person had the medication chart, another could not use it at the same time. Delivering medications to the ward was often delayed and there was more room for errors. The doctor had no idea if the medication was given at the time it should be given. Medication charts had to be re-written every 7 days which meant transcribing errors could occur. The whole process was slow-moving and inefficient, in comparison to the system Austin Health currently boasts.

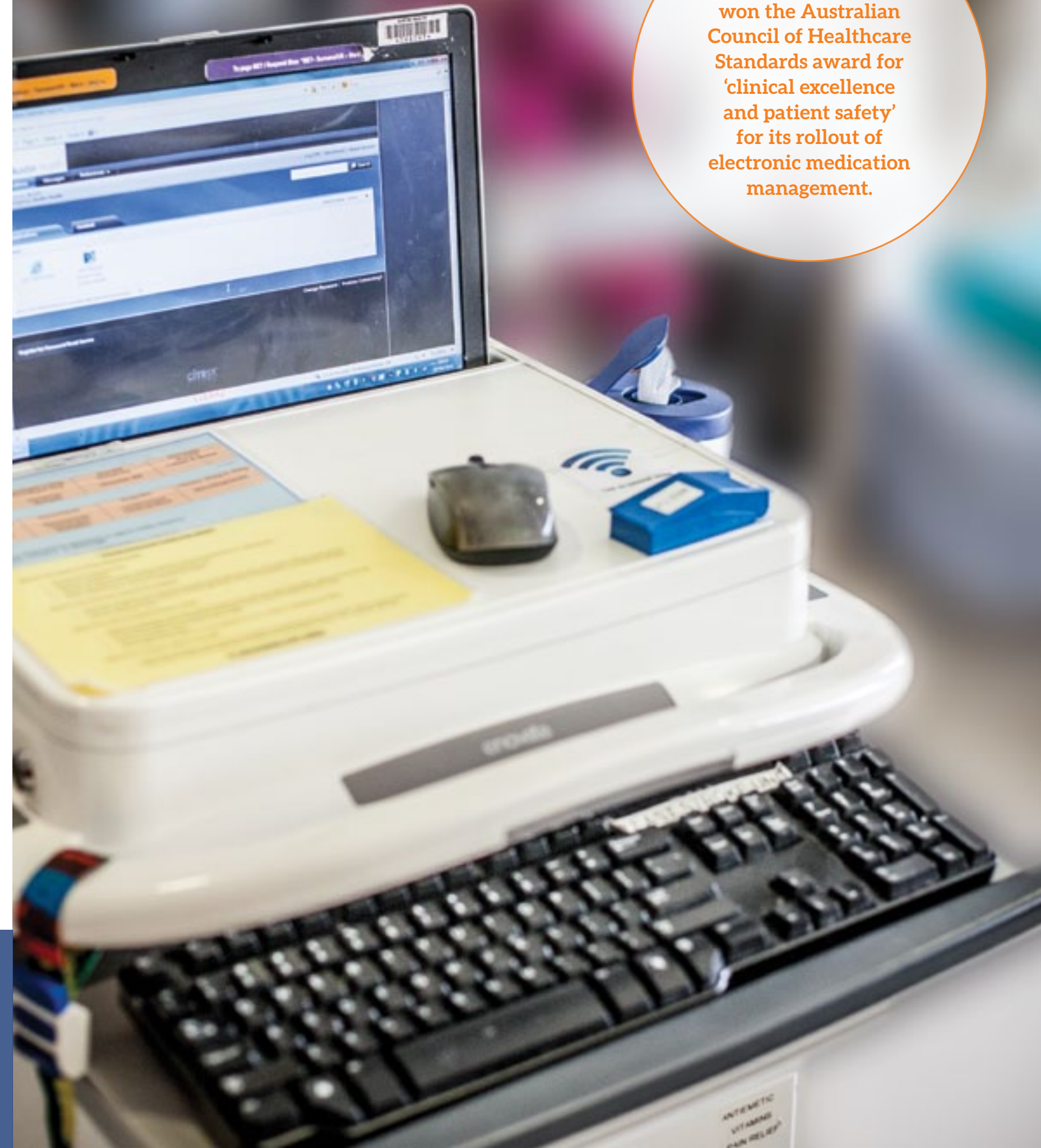
Now, the majority of medication are completed on the computer system: inpatient prescriptions from doctors; reviews of medication orders and dispensation by pharmacists; as well as medication administration and documentation by nurses using mobile computers at the bedside. Additionally, doctors can access patient information from anywhere in the hospital, even off-site, with an iPad. Now, the systems belonging to different hospital departments are integrated. Pharmacy, Radiology, and Pathology can seamlessly communicate. Wi-fi is installed right across the health service to run mobile devices on a medical grade network.

Austin Health, executive director of Acute Operations, Fiona Webster says Austin Health's new medication system is one of the best implemented in Australia and places Austin Health as a clear national leader in health IT. "Once an order has been made, it is just like tracking a parcel. We can now connect the whole drug chain and we have instant knowledge of where the order sits," she says. "When a test is completed, it's instantly flagged so the nurse can see what needs doing. Equally, it is red flagged when there's a problem. It's also a visual tool. When one nurse hands over to another, there's less risk of losing information. It lists the patients assigned to them and the drugs or treatments they need," she says.

There is a visibility to this system that could never have been achieved with a paper-based system. "We know exactly what drugs have been ordered and given to the patient," says Fiona. "Before, when you looked at the drug chart, you couldn't necessarily tell when patients were given the drug, to see if it was given on time. Now, we know exactly when drugs are given and we know when antibiotics are ordered," she says.

More medication errors occurred in the paper-based system simply because orders were handwritten and therefore easily misunderstood but Fiona says all of that is gone now. "Even the documentation of allergies has improved dramatically and clinicians can now see things on the system that improve the care we give to our patients," she says.

Austin Health recently won the Australian Council of Healthcare Standards award for 'clinical excellence and patient safety' for its rollout of electronic medication management.



Five years ago, medication management was paper-based.



Wi-fi is installed right across the health service to run mobile devices on a medical grade network.



Now, the majority of medication is completed on the computer system.

The Emergency Department

a whole hospital approach

Welcome to Austin Hospital's Emergency Department (ED). Eight years ago, the department treated 32,000 patients a year. Now, more than 73,000 people are treated here yearly. Incredibly, we are seeing modest improvements in performance every year despite this huge rise in presentations. So, how is the team doing it?

Every day, around 210 patients will enter ED's doors seeking care. For each patient, a specialist triage nurse will make basic observations and determine the urgency of the presentation.

Category 1 patients are seen immediately; category 2 within ten minutes; category 3 through to 5 patients waiting longer – although triage nurses monitor the waiting room, checking for changing circumstances.

Adding to the pressure is the constant arrival of ambulances. Medical & Emergency CSU director, Cameron Goodyear says the goal is to transfer patients into ED from ambulances quickly. "Ambulance crews need to get back on the road, so the challenge is on for ED and the hospital to support this. The team have made great improvements in this area. The percentage of ambulances offloaded within 40 minutes of arrival has improved significantly in the last 6 months. The 2012-13 result was 62 per cent compared with 71 per cent in 2013-14. This is a great outcome for patient care and the wider community," he says.

The ED is one of the most dynamic parts of the hospital. The flow is anything but steady. There are peaks and troughs and when the build up of patients spike – particularly during the colder months – it is a challenge.

But amongst all of this, is an astounding fact: over the past eight years, the average time to treatment for patients presenting to the Austin Hospital Emergency Department has improved and continues to do so, despite the rise in numbers of people attending.

Cameron says this is a credit to the ED team. "We've implemented redesign projects, introduced new models of care and developed more effective ways to streamline patients into the right areas for the right care," he says.

Above all, ED's ability to handle ever-increasing numbers has been boosted by a huge cultural shift across the hospital, says Cameron. "We have a whole-hospital approach to moving patients more efficiently through the ED which historically, didn't exist. That's a big change."

The Transit Lounge is an example of this. Patients waiting to go home are now more regularly moved from the ward to the Transit Lounge so their rooms can be used by patients waiting in ED. The use of the Transit Lounge has improved four fold in six years. In March this year, 294 patients were discharged before midday, compared to 45 in April 2008. This has certainly impacted ED's ability to move patients safely through its department and onto the wards.



Did you know?

The Austin Hospital Emergency Department is one of Australia's leading academic emergency departments when it comes to emergency medicine research.

Accountability

Take a look at Pathology

under the microscope

Did you know 70 per cent of all medical decisions rely on a result from the Pathology laboratory?

Joe rolls his shirt sleeve up. The nurse takes his blood sample. Emergency Department staff suspect he might have had a heart attack. However, it is only the Pathology Department who can determine this for sure.

A tube of Joe's blood is placed into a red canister. In less than 60 seconds, it is on its 280 metre journey through a hidden purpose-built tunnel system connecting the Emergency Department (ED) to Pathology.

Arriving in Pathology, the red canister attracts the staffs' immediate attention. The blood tube is scanned into the computer system, identifying the patient as 50 year-old Joe Smith. It tells Pathology to carry out a troponin test.

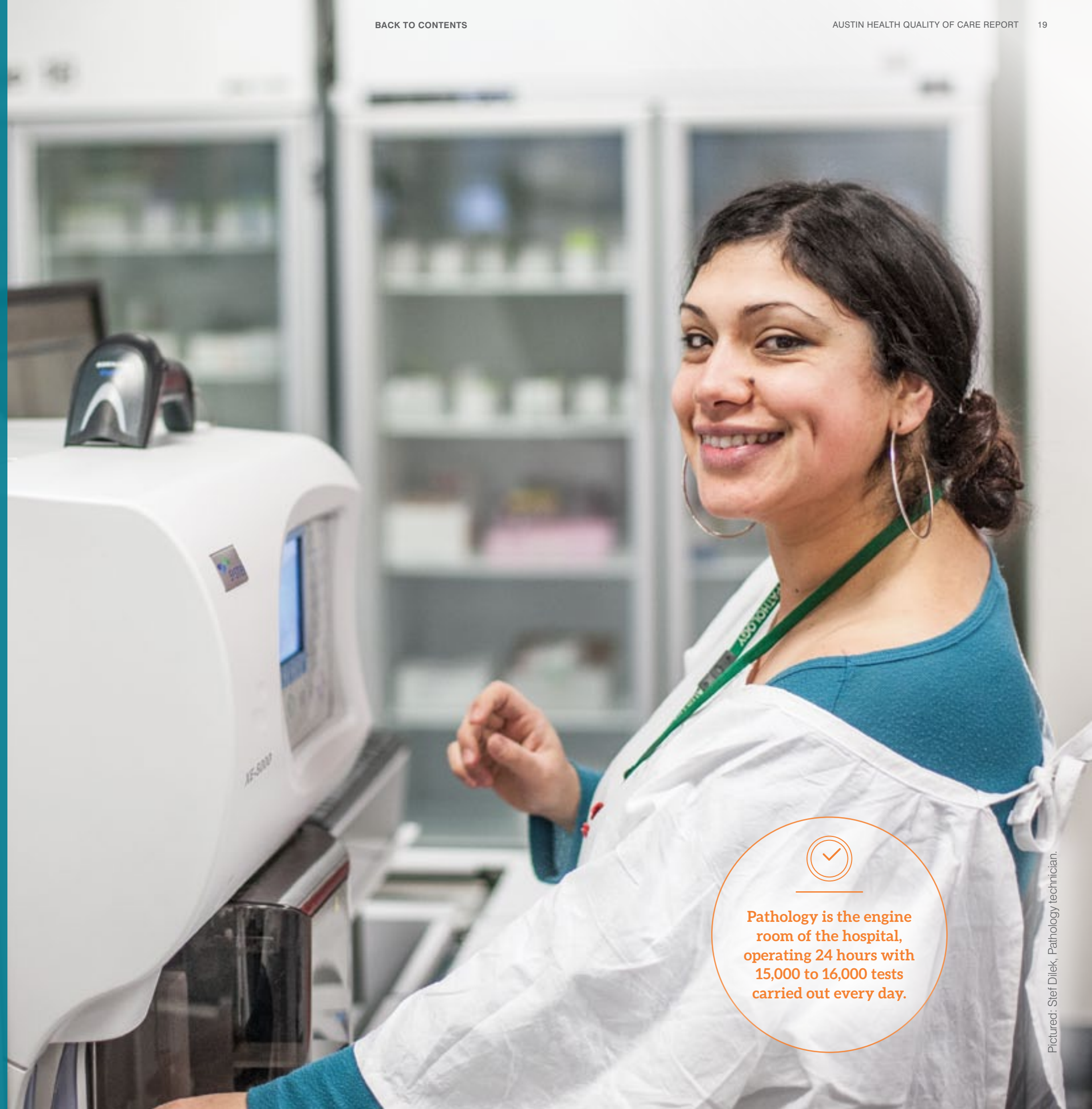
While Joe clenches his wife's hand downstairs in ED, Pathology staff place his tube of blood into a rack on a large machine alongside tubes containing blood specimens of many other patients. Each one will tell a story which will impact a life.

The machine spins Joe's tube, separating the blood into three layers: red blood cells, white blood cells and serum.

When a heart attack occurs, the heart cells release a protein called troponin which can be measured in the serum. If a person has had a heart attack, their troponin levels will remain elevated for one to two weeks.

Joe's tube of serum travels on a conveyor belt to a biochemical analyser where it is tested for troponin. Within minutes, Joe's test results reveal he has had a heart attack. The result is automatically processed into an electronic system for communication to the doctor in ED.

Each day more than 80 blood specimens from Austin Health patients will be tested for a heart attack in this way and each of these patients will have their test results within 45 minutes; half the time it took two years ago before Pathology was automated.



Pathology is the engine room of the hospital, operating 24 hours with 15,000 to 16,000 tests carried out every day.



Each day more than 80 Austin Health patients will be tested for a heart attack and each of these patients will have their test results within 45 minutes; half the time it took two years ago before Pathology was automated.



Pathology is an essential service within the hospital, operating 24 hours with 15,000 to 16,000 tests carried out every day. It is the part of the hospital where staff seek to understand the causes and processes of disease by looking closely at changes in body tissue, blood and other body fluids. These investigations tell doctors the causes of disease, the severity of a condition or enable them to monitor the progress of treatments.

Almost every patient who comes through the hospital doors will have a specimen tested within Pathology's laboratories. In most cases, the test result is an essential part of their diagnosis.

Director of Pathology, Nick Crinis says automated testing has resulted in improved quality of results and greater efficiency in the delivery of results. "The Biochemistry and Haematology Departments currently have the latest automation but it is about to be introduced into Microbiology as well. For the majority of tests, the process is seamless unless the robotic system identifies a specimen that has been incorrectly obtained – for example if the blood was clotted. If this happens, the machine sounds an alarm which alerts staff members that a new sample may need to be taken from the patient," he says.

As robots move tubes of blood, urine and other bodily substances along conveyor belts, laboratory staff are constantly focused on ensuring quality results are released as soon as possible for the one thousand patients needing tests each day. Staff members may never meet the patients whose cells they study, but every day their skills and knowledge save lives.



Australian first robot to dramatically speed up microbiological test results

An Australian-first robot means Austin Health patients will get results of microbiological tests twice as fast.

Quicker results mean earlier prescriptions of appropriate antibiotics, reduced hospital stays, better patient care and improved morbidity and mortality rates.

The system, one of just 11 worldwide, also dramatically improves accuracy of diagnosis. Whereas previously we could name approximately 80 per cent of organisms, we are now able to identify 98 per cent.

The space-age looking machine automates every process that was previously carried out manually. It identifies the specimen type and puts it onto the most suitable culture to enable bacteria to grow. Photographs are then automatically taken of the cultures during different stages of their incubation.

The controlled temperature and carbon dioxide levels mean cultures grow more quickly while bacteria are also able to survive longer meaning we are more likely to isolate a pathogen.



Side-by-side with cancer patients

The intense interaction was brief, an hour at most. As the man lay with laboured breathing, he clasped the hand of Phillip Davies, a volunteer for three and a half years at the Olivia Newton-John Cancer & Wellness Centre (The Centre).

The man had been dying alone and Phillip was by his side. "I didn't know much about this man," says Phillip. "So, I phoned his family who couldn't be with him. They were so grateful. They thanked me for sitting with their dad. They told me about his life and loved ones; where he had been; his achievements. I came to know this man. He was no longer a stranger. After the phone call, I could talk to this man about the very things that mattered to him. I could talk to him about his family and bring him comfort in a meaningful way," he says.

Over 100 volunteers just like Phillip offer their time to The Centre to support cancer patients through their cancer journeys. Cancer Services Volunteer Program manager, Tracey Brown, says volunteers support patients, carers and visitors throughout The Centre – in the waiting area, treatment areas and on the wards. Volunteers meet and greet patients and visitors and welcome them to The Centre. They introduce patients to the Wellness Centre and inform them of available services. They assist patients to participate in meaningful activities and support patients in the busy waiting areas by making a tea or coffee, or just sitting down for a chat. They also help to facilitate music and art activities in this space. "Our clinic waiting area is often very busy with patients coming in to see a specialist for a diagnosis or a regular check-up. It's probably the space in The Centre where people are most anxious – they don't know what to expect. Volunteers are invaluable in helping to reduce that anxiety," she adds.

Essentially, the work of volunteers involves honouring the life of a patient whatever stage of the journey they may be at, says Tracey. "Volunteers are there even to just sit, listen and allow people to tell their stories. It helps to know there is someone to talk to when you might need it and it doesn't have to be about cancer. It could be as simple as talking about hobbies: gardening, cooking or a favourite football team. We encourage patient-led conversations," says Tracey.

For Phillip, volunteering enriches his own life because it deepens his empathy for other people. "For me, volunteering is an opportunity to deepen my understanding of humanity. It gives me a profound sense of compassion for and connection to other people. What I do here at the Olivia Newton-John Cancer & Wellness Centre really makes my spirit soar," he says.



Did you know research has shown volunteering can increase self-confidence and keep you healthy and happy?



Fighting fit *in the Kokoda Gym*

It's easy to make excuses to avoid exercise but for this group of veterans and war widows, there's no better way to keep fit, healthy and strong. Oh, and did we mention, that the youngest member of the group is 84?

It's a sight to behold: a group of fifteen women and men in their 80s and 90s walking energetically around in a circle in the Kokoda Gym at the Heidelberg Repatriation Hospital.

Sunlight is streaming in through the wide north-facing window and lively chatter and music fill the room. Every few metres there is a physical activity to engage in: throw and catch a red ball, stretch, reach and guide the quoits, step over obstacles and weave through the orange cones. You wouldn't fathom that anyone in this room is over 75 but these are some of the men and women who served our country during World War Two.

Amidst the hard work, laughter and chat, 84 year old Mavis Milne is working out for the second time in a week on the tread mill. In about 15 minutes, she will move to the rowing machine. She started coming to the Kokoda Gym six years ago and attributes her fitness to the work she does here. "I first came here six years ago, I couldn't stand on the tread mill for more than 3 minutes. Now, my exercise routine goes for an hour and a half," she says.

Three years ago, Mavis suffered two cardiac arrests and a lung collapse on an operating table at the Austin Hospital. Doctors couldn't believe she recovered particularly after contracting pneumonia post-operatively. "They told me if I hadn't been fit, I would never have made it through that," she says. "After that operation, I came back to the Kokoda Gym determined to regain my fitness. This place motivated me. It saved my life. It is a place where you want to bounce back," she says.

Long-time physiotherapist, Jillian Smith, who works closely with this inspirational group, says there is strong evidence linking cardiovascular exercise with a whole range of benefits for older people. "It keeps bones and muscles strong, is good for brain power (improving blood flow to the brain) and it can control diabetes and weight. Exercising in a social group helps mental health too. Working together at a particular time and place lifts motivation," she says.

Mavis agrees. "If I didn't come here, I probably wouldn't get out of bed in the morning during winter. That's most important for an older person. The company motivates you. You've got to get out and do a bit of exercise and keep connected. Move it or lose it, as they say."

Veteran liaison officer, Rob Winther says the Kokoda Gym is more than a fitness centre. "This place provides care, compassion and a community spirit. With military as a common link, there's strong camaraderie. This community is able to share experiences – the stress, sleeplessness, the agitation. They look out for each other, talk about their health issues and swap information on doctors, residences and entitlements," he says



“

I CAME BACK TO THE KOKODA GYM DETERMINED TO REGAIN MY FITNESS. THIS PLACE MOTIVATED ME. IT SAVED MY LIFE. IT IS A PLACE WHERE YOU WANT TO BOUNCE BACK.

”



Mavis' exercise routine

- 15 minutes walking on the tread mill
- 8 minutes on the rowing machine
- 3 lots of 12 leg presses
- 3 lots of 10 hand pulleys
- Walking and ball exercises for balance and stability
- Short break 1 hour group exercises

Cultural communication

let's talk about hep B

Hepatitis B immunisation is universally available in Australia but there is still a gap in vaccination rates, particularly among refugees and people who are not Australian citizens. It is these very people who have a much higher prevalence of hepatitis B: people for whom English is a second language; people from South East Asian, African and Indigenous Australian communities.



Pictured: Dr Chris Leung.

Integrity

So, one of the first aims of Austin Health's Hepatitis B Free campaign, which began in early 2014, was to raise awareness in specific cultural groups about the importance of vaccination and screening.

An Austin Health team, led by effervescent gastroenterologist Dr Chris Leung, saw a huge opportunity to save lives. "There is something that we can really do here," Chris enthuses. "There are steps we can take to change this but culturally appropriate messaging is essential. The Asian community doesn't like graphic images so a TAC type campaign wouldn't work."

In order to bring the message to the Asian community, Chris says he and his team incorporated their messages into the Chinese New Year, emphasising the importance of looking after your family and loved ones. "This approach was more successful than concentrating on the disease and its complications, particularly for the Chinese community." Austin Health nurses, surgeons and physicians compiled a DVD which was distributed to specific ethnic groups. It involved patients of Asian backgrounds sharing their stories as refugees and migrants having come to Australia and not knowing about the disease. Chris and his team held culturally-specific community events and charity balls, connected with ethnic-specific sporting, dance, church groups and schools and even presented on cultural radio stations. All of this important public awareness raising has been conducted in collaboration with a range of other health providers and groups like the Australian Chinese Medical Association of Victoria, of which Chris is vice-president.

Much of the work being undertaken is modelled on the hugely successful Jade Ribbon Campaign in the USA and research which has come out of Stanford University. Chris says everyone from students to registrars and consultants are involved. "We have tried to approach the hepatitis B problem in a multi-faceted way. Not only have Austin Health staff gone out to community events to raise awareness but we have also been undertaking our own research with consumer surveys and direct screening of patients."

Hepatitis B infection is vaccine preventable.

As for Chris, he will continue to energetically pursue every opportunity he can to communicate his message specifically to the communities most at risk in the most culturally meaningful way. "There is a lot more work to be done. We need to continually find new ways to share our message with the specific cultural groups most affected."

Chris and a number of his colleagues from Austin Hospital's Liver Unit are part of a hepatitis B working group created to help inform the Victorian Department of Health about how best to provide patients with appropriate care and management once they have been identified as carriers or potential carriers of hepatitis B.



Hepatitis B is the world's leading cause of cancer behind smoking yet of the 200,000 Australians who have the disease, over one third have not been diagnosed or treated.



Treatment for chronic hepatitis B can reduce the risk of liver cancer by 50 per cent.

The consumer voice *are we listening?*

Most people know how it feels to be ignored. We might have experienced it in the playground, at work or even in a social group. If it happens frequently enough, it can make you feel like you don't count and affect your ability to participate meaningfully in life.

In the mental health sector, people needing treatment, care or support have traditionally felt unheard by the very system to which they turn for help; a system designed by clinicians and administrators, without significant input from the people it cared for.

But things are changing.

From the late 1990s, a movement driven by consumers (patients) and carers has changed the way mental health services are designed and delivered. There is no longer any doubt that the consumer and carer voice must be front and centre in order to design a system best placed to support self-determined recovery and meaningful living.

At Austin Health, consumers and carers are now providing advice and driving change at all levels of our mental health service. Associate Professor Richard Newton, medical director of Mental Health, says consumers and carers are being listened to and their opinions and advice are being welcomed by policy makers and clinical service designers. "Our ongoing strategy is to move from making decisions for our consumers to one where, in partnership, we help patients and families make decisions that best suit them," he says.

For Moira Somerville, this is a good step. A member of Austin Health's Consumer and Carer Advisory Group for the Adult Service on Mental Health, she is an advocate for the consumer right. "The treatment of consumers by staff has changed enormously. Consumers are being engaged on the wards and in the clinics. We are being invited onto interview panels, advisory groups and executive committees. We are having input into policy. Personally, I've been treated with more respect and dignity; my wishes are being heard," she says.

The perspectives of consumers and carers are particularly important in the administration of services and creation of policies and programs to create higher quality services better designed to respond to the community's needs.

Consumer input will be imperative in the day-to-day running of Austin Health's new Community Recovery Program (CRP) at the Heidelberg Repatriation Hospital, run in conjunction with MIND Australia. Consisting of 22 modern and furnished units, the program provides support to help people recover from the disability and social disadvantage resulting from psychiatric illness, enhancing their ability to live successfully in the community.

Sharon Sherwood, manager of the North East Area Mental Health Service, says collaboration between consumers, staff and family is integral to care at the CRP. "It is important we don't impose our goals onto consumers. Instead, we collaborate and plan together. Consumers obtain the best possible care for integration back into society in this way. It is a road they have more control over," she says.

According to Moira, we must keep working on improvements for the future. "In five years time, I really want to see consumers and staff listening to each other even more, with stronger partnerships and understanding. It is a steep learning curve to reach an equal relationship and an ongoing challenge but it is necessary if we are to achieve quality consumer focussed services. I am optimistic it can happen, particularly if we encourage more consumers to be part of our Consumer and Carer Advisory Groups. We have some excellent managers who just 'get it' already. With their positive leadership and support, that goal is there for the taking."

“
OUR ONGOING STRATEGY
IS TO MOVE FROM
MAKING DECISIONS
FOR OUR CONSUMERS
TO ONE WHERE,
IN PARTNERSHIP,
WE HELP PATIENTS
AND FAMILIES MAKE
DECISIONS THAT BEST
SUIT THEM.

”



Respect

Are you interested to join one of our Mental Health Consumer and Carer Advisory Groups?
Contact Lynne Ruggiero on 9496 6315

Austin Hospital patient diary program

filling the gaps

Austin Hospital is encouraging families to write personal journals for loved ones who are seriously ill or unconscious. Research shows these diaries can significantly reduce stress, depression and anxiety after a long stay in an intensive care unit.

Twenty days after his admission to Austin Hospital's Intensive Care Unit (ICU), Vin Leonard woke from his coma. He had contracted H1N3 flu, a highly contagious respiratory disease that causes extreme breathing problems and staff had, for nearly three weeks, fought to save his life.

During the early days in ICU, staff encouraged Vin's wife, Bernie to write a diary to help her husband later come to terms with this 'lost' period of his life.

Clinical nurse specialist, Andrew Satterley says the diaries can help patients by giving them a narrative of their stay. "Humans need to fill the blank spots. So, people start imagining what happened but in a distorted way. Memory flashes might be exaggerated. A tube extended into the lung could later be described as a feeling of drowning or choking. So, a patient can imagine a wild scenario – perhaps of being experimented on," he says.

Anyone involved in the patient's care can contribute to the diary: doctors, nurses, social workers, physiotherapists, chaplains. Nurses tend to record facts and we encourage family to show their feelings, write messages and describe ordinary, everyday events. For family members, it can be therapeutic. Sitting beside a loved one who is critically ill can bring about feelings of helplessness. Research has found the journals help families feel more in control.

Bernie enthusiastically filled Vin's diary with poignant messages from family and friends and photographs of the medical staff who cared for him. "The nursing staff wrote while watching over him, in their own time. They were so genuine," she says.

For Vin, the diary certainly fills the gaps. "My sisters, brother, mum, father-in-law, sister-in-law, brother-in-law and friends all wrote in the diary. My grandchildren did drawings and wrote messages. Of course, my biggest supporter, Bernie, also made entries," he says.

Well on his way to recovery, Vin says, "It's great to have a record that allows me to look back and see the faces of the people who took care of me. I can pick up those lost 20 days of my life. There were so many positive people around me. Despite everything, I see it as a good experience." He laughs and adds: "I'd come here again!"

Sitting beside a loved one who is critically ill can bring about feelings of helplessness. Research has found the journals help families feel more in control.

“
IT'S GREAT TO HAVE A RECORD THAT ALLOWS ME TO LOOK BACK AND SEE THE PEOPLE WHO TOOK CARE OF ME, TO SEE THE FACES. LOOKING AT THE DIARY, I CAN PICK UP THOSE LOST 20 DAYS OF MY LIFE.
 ”



The new Palliative Care Ward

maximising wellness

If you were diagnosed with a terminal illness, what would be important to you?

Every aspect of care in the Irene Newton-John Palliative Care Ward in the Olivia Newton-John Cancer & Wellness Centre is defined by this one, simple question; a question that places each patient at the centre of their own journey.

Every person who comes to the Palliative Care Ward has an illness that cannot be cured. In some instances, patients spend a short time on the ward for help with management of pain or symptoms and then they return home again. Other times, patients come to the ward for end-of-life care. For every patient, the ward will be a safe space for them to do exactly what they want to do, in the time they are with us. From staff, they will receive what they need, when they need it, in a caring and supportive environment.

General Manager of Integrated Cancer Services, Molly Carlile, says the vision is to maximise wellness. "We have created a space where people can feel empowered."

Some people may choose to spend time in the multi-sensory room exploring sound, light and visual stimulation. For others, the contemplative spaces might be a place where they read a book or have a rest. Some patients might share a home cooked meal with friends in the dining areas. Others may open their windows and feel the breeze or share a glass of wine with family on their private balconies with a stunning view of the Dandenong Ranges. Yoga, massage, music and art therapy is available for patients along with regular musical performances and arts shows.

In a safe and comfortable space like this, patients are more likely to feel they have control over their lives and are able to talk about what matters to them. "Our staff can then better understand patients' holistic needs and plan medically around those wishes. If patients want to get home, we can work towards that. We focus on helping patients to know they are the decision makers in their own care, in their own living and dying," she says.



Austin Health won the Palliative Care Victoria Quality Initiative Award for 2014 for introducing Victoria's first interdisciplinary allied health assistant role into a Palliative Care Unit. The assistant's work is patient-centred and provides continuity of care particularly related to quality of life needs for patient and families.

Controlling your health journey

for when you get real crook

“Uncle lived a good life, well into his seventies. Unc always thought that when his journey came to an end, his kids would know what to do, and he never liked talking about these things because it felt like bad luck.

Uncle moved on to the Dreaming one morning and there was a family meeting that night. Everybody was asked, “Do you know what he wanted?” Just about every single person in that room gave a different response and no-one could actually say for sure.”

This is an excerpt from a stunningly illustrated yet plain-speaking information booklet that is being praised for its clarity in simplifying Advance Care Planning for Victoria’s indigenous community.

Advance care planning is a way of recording your personal wishes for your health care and medical treatment, for a time when you might not have the ability to speak for yourself. But how do you ensure this type of planning is made accessible and meaningful for Aboriginal and Torres Strait Islander people?

The challenge was for Austin Health to produce a booklet that reflects the cultural diversity of Aboriginal communities. Austin Health’s Aboriginal regional officer, Nathan Leitch took to the road, visiting key Aboriginal communities in Melbourne’s metropolitan, eastern and northern regions as well as local hospitals in Shepparton, Echuca, Warrnambool, Bairnsdale and Portland.

He built strong relationships and gained the confidence of elders and community leaders. “When people were comfortable, I got precise and invaluable input into what was needed,” he says.

The overwhelming sentiment was that people wanted an inclusive approach. “Instead of being fitted into a rigid system, Aboriginal people and communities wanted the booklet to be culturally sensitive; they wanted ownership. So that’s how I ended up writing it – for people uncomfortable with mainstream Western processes that make the decisions regardless of culture,” says Nathan.

“Once I developed the draft, it went out across the state for feedback from people in Mildura, Ballarat and Albury Wodonga. It was challenging because we had to produce something that involved disparate groups, from people living in remote regions to those with urban lifestyles.”

The booklet’s case study has a conversational tone and uses Aboriginal idiom such as ‘the family Yarn up’ and ‘a whole mob of nieces and nephews’. The illustrations by indigenous photographer James Henry emphasise Aboriginal connection to the land. “Instead of having pictures of people, we used landscape imagery throughout so that the reader can contemplate the scenes themselves,” says Nathan. “The cover of the lone tree typifies that: it could be the dawn of a new day, the tree of life, the sun setting on the past – it is how one chooses to interpret it.”

The booklet shows why recording one’s precise wishes during hospitalisation – ‘perhaps bringing in soil from your tribal area’ – or listing specific funeral arrangements – ‘a ceremony or being returned to your homeland’ – is important in a culturally sensitive way.

The response to the booklet has been extremely positive. In Bairnsdale, every dialysis patient now has an Advanced Care Plan while elders are working on their ‘Living Wills’. Print runs of 1,000 and 6,000 have been exhausted with plans to print more. Other states are examining the Austin Health model to see how they might replicate it.

Advance Care Planning can be completed independently, with family or with a counsellor. This guide is, in its simplicity and sincerity, not only relevant and meaningful to Aboriginal people but most useful to the whole community.



Advance care planning is a way of recording your personal wishes for your health care and medical treatment, for a time when you might not have the ability to speak for yourself.



Consumer Participation at Austin Health

Standard

1

Organisational commitment to consumer participation appropriate to its diverse communities

Austin Health works closely with consumers at strategic and operational governance committee levels and in local level quality committees 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 backgrounds. The Diversity Committee leads the development and monitoring of our Cultural Responsiveness and Disability Action Plans. This committee has strong consumer participation.



Standard

4

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 are currently involved in various local area projects such as the development of the Emergency Department Services Plan, the implementation of the new self check-in kiosks in Specialist Clinics at the Heidelberg Repatriation Hospital and the planning of the new Short Stay Unit in the Emergency Department.



Standard

2

Consumer involvement in decision making about their care

Consumers are actively and meaningfully engaged at shift-to-shift nursing handover and during medical ward rounds in the Mental Health, Palliative Care and Cardiology Units. The Respecting Patient Choices program provides opportunities for patients to plan for end of life care.



Standard

5

Building the capacity of consumers and community members to participate

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



Standard

3

Provision of information to support consumer decisions

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



Clinical Governance

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

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

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

Austin Health is committed to ensuring the highest standard of clinical governance. This is monitored nationally through the National Safety and Quality Health Service Standards and the program includes an organisational wide survey. The accreditation survey comprises an organisational-wide review against the 10 National Safety and Quality Health Service Standards, the 10 National Standards for Mental Health Services and Community Care Common Standards. In November 2013, a nine member team surveyed our three sites and concluded that a culture of continuous improvement exists right across the organisation. The survey team assessed our performance as "met with merit" (the highest rating) for a very high number of criteria (78 out of 209).

Austin Health also conducted the organisation's fifth annual Patient Safety Climate survey which measured the perceptions of staff. Attracting over 1,000 responses, staff nominated teamwork within units as a key strength; along with supervisor and manager expectation and actions that promoted patient safety. Staff also perceived that communication openness and feedback and communication about error had improved in comparison to last year.

New initiatives

In addition, during the past 12 months, Austin Health has undertaken a number of new initiatives. Some of these include:

- 1** Development of a bedside audit tool specifically designed to suit the mental health program
- 2** The implementation of a mechanism called an Urgent Clinical Review for staff to seek early, local assistance when patients just start to deteriorate
- 3** A realignment of our consumer engagement team to ensure a more proactive response to patient feedback
- 4** A review of indicators in the Austin Health clinical indicator suite to improve reporting and transparency of data at an executive and board level

Cultural Diversity Unit Report

Caring for Our Diverse Patients

Standard

1

A whole of organisation approach to cultural responsiveness is demonstrated

- This last year has seen great effort from all departments in working to meet National Health Accreditation Standard 2 – Partnering with Consumers. Austin Health achieved a commendation for meeting this Standard.
- A new Diversity Committee has been formed with members from all three sites and will oversee the work of providing equity of care across the whole organisation.
- Consumers with diverse backgrounds are now included in research projects, on many committees and in helping test patient information.
- The Cultural Diversity Unit represents the interests of diverse consumers on various Austin Health governance committees and at the Victorian Hospital Diversity Network.

Standard

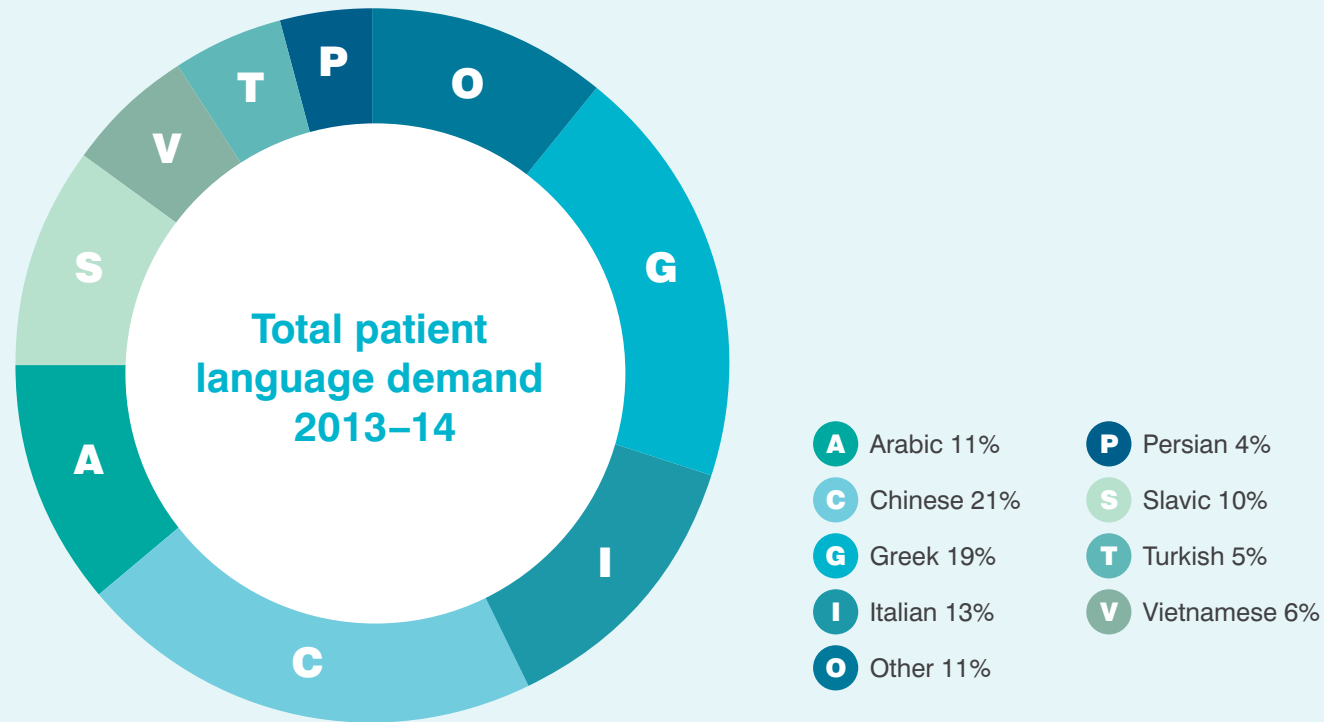
2

Leadership for cultural responsiveness is demonstrated

- A new Language Services Policy plus a number of guidelines for staff on working with interpreters helps make sure professional and accredited interpreters are requested for patients who speak a language other than English, especially for the signing of consent. Family members or bi-lingual staff are not encouraged to take on this role.
- The Cultural Diversity Unit continues to train staff in how to write patient information in Plain English and encourages testing of wording on non-English speaking patients.

A new Diversity Committee has been formed with members from all three sites and will oversee the work of providing equity of care across the whole organisation.

Cultural Diversity Unit Report (continued)



Standard

3

Accredited interpreters are provided to patients who require one

- Over 15,460 interpreter requests were received in 2013-14 and provided to patients and their families in more than 73 languages. Ninety-four per cent of all requests for interpreters were met.
- Eight languages make up 83 per cent of all language requests. Our in-house and casual staff speak one or more of these top 8 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. One hundred per cent of service complaints were addressed and resolved; 100 per cent of translation requests were provided in 11 languages and into Plain English.

83%

Eight languages make up 83 per cent of all language requests.

Standard

4

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 preference. The hospital cafeterias offer a range of meals to suit both cultural and religious preferences.
- The Palliative Care Ward has a dedicated balcony with exhaust fans to enable patients to receive smoking ceremonies without having to call the fire brigade.
- The Pastoral Care team provides diverse faith support to patients as required.
- A chapel, prayer and washroom at Austin Hospital caters for both Christian and Muslim practice and is also available for patients of other faiths for quiet contemplation.
- The Olivia Newton-John Cancer & Wellness Centre provides holistic care to all patients and, alongside more traditional care, provides massage, craft, and other activities to speed each patient's recovery.

Standard

5

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

- The new Diversity Committee now has a number of community representatives and will be active in preparing both Austin Health's Disability Action and Cultural Responsiveness Plans for 2014-15.

Standard

6

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

- Around 400 volunteers, students and staff were trained this year in Cultural Awareness, Working with Interpreters, Health Literacy and Patient-Centred Care in order to provide the best care and support for our patient community with diverse backgrounds.
- Language Services presented a special one-off session on Working with Interpreters to 350 medical students as part of a Medical Student Conference at Etihad Stadium.

Cultural Diversity Unit Report (continued)



All patients have a right to access and receive care without prejudice or disadvantage. The Cultural Diversity Unit works with staff to provide the best care possible to all patients plus their families and carers regardless of culture, ethnicity, gender, age, sexual orientation, language, ability, mental health, diet, religious preference or health care understanding.



Wherever possible culturally-appropriate support is given to Aboriginal and Torres Strait Islander patients and their families at every stage in their health journey through the hospital as we try to improve the currently poorer health outcomes for this group of patients.



More than 12,000 non-English speaking patients received interpreter services in 2013-2014 in more than 73 community languages.



Following an assessment that around 60 per cent of our patient community have low literacy skills, all patient information is now required to be written in Plain English and translated into community languages where appropriate.



Ngarra Jarra Aboriginal Health Program Report

Caring for Our Aboriginal and Torres Strait Islander Patients

Aboriginal and Torres Strait Islander patients make up around 0.7 per cent of inpatient activity in the hospital, matching the Victorian Aboriginal population of 0.69 per cent

(ABS Stats 2011 Census).

In keeping with Victoria-wide trends, our Aboriginal hospital admissions to Emergency Department continue to increase each year. This financial year we had 812 visits up from 683 last year with an average of 70 per month.

Aboriginal people across Australia continue to experience significant levels of disadvantage and hardship. On average, life expectancy of Aboriginal people nationally is 10.5 years less than non-Aboriginal people.

Hospital stays for Aboriginal patients were down from 520 across Acute, Mental Health and Sub-acute services compared to 610 last year. Day visits made up 69 per cent of total admissions for Aboriginal patients.

As part of our commitment to improving health outcomes and reducing health inequalities for Aboriginal patients, Austin Health each year completes an ICAP (Improving Care for Aboriginal Patients) CQI (Continuous Quality Improvement) Tool.

Ngarra Jarra Aboriginal Health Program Report (continued)

The four key performance indicators

1 Engagement and partnerships

- Austin Health has an engaged and lively Aboriginal Health Advisory Committee with representatives from across the organisation including Aboriginal Community Controlled organisations and a wide range of government and health organisations. This committee has collaborated this year with Northern Medicare Local to create rules on how to provide free medicine to Aboriginal patients; consulted with local Wurrundjeri Elders on new Welcome to Country protocols; and invited Banyule Community Health to help with our recruiting processes.
- Austin Health sits on the Closing the Gap working group for NEPPC (North East Primary Care Partnership) and on the Department of Health Aboriginal Health manager's meeting.
- Health Independence Programs Pathways Project started to create new collaborations and processes for referring Aboriginal patients into and out of our services; and Respecting Patient Choices produced a booklet for Aboriginal people after extensive consultation with Elders and Community following Victoria-wide consultations.

2 Organisational development

- A new Aboriginal Health Policy plus Welcome to Country Protocols has been produced to provide direction and guidelines for staff working with Aboriginal patients, families and carers. To highlight the main messages, consultants were hired to conduct workshops across the organisation on how to best educate our staff, with an Aboriginal Health Education Plan now in production that will guide our future training direction and strategies.
- Education and Project officer, Nathan Leitch trained approximately 250 staff, students and volunteers in Aboriginal Cultural Awareness in the last 6 months of 2013. He also trains admission staff in 'Asking the Question' thereby improving our organisation's ability to identify and provide culturally appropriate care to our Aboriginal patients.

3 Workforce development

- Austin Health has been enthusiastically developing its new Karreeta Yirramboi Aboriginal Workforce Plan in order to reach a government-set employment target of 1 per cent Aboriginal workers by 2015.
- As part of this work, Austin established an Aboriginal Workforce Steering Committee; reviewed its Cultural Leave Policy; installed Acknowledgement to Country plaques at every entrance across its three sites; and developed training for managers employing Aboriginal staff, as well as made improvements to Austin Health website and intranet information.

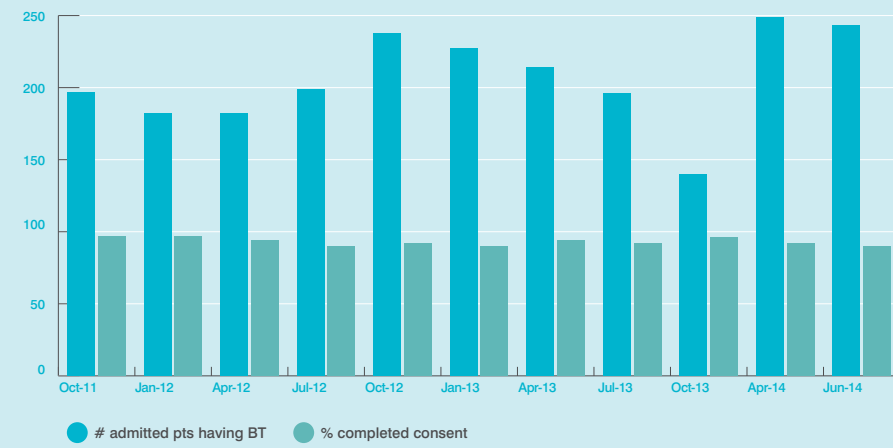
4 Systems of care

- Austin Health received NEMICS funding to invite Elders and the community to help conduct an End of Life information session for Olivia Newton-John Cancer & Wellness Centre staff, focusing on topics relevant to Aboriginal consumers.
- NCASA Northern Centre Against Sexual Assault has a worker placed with VAHS Victorian Aboriginal Health Service to provide on-site care.
- Social work teams have worked closely with our Aboriginal Hospital senior case manager to support patients, particularly with discharge planning.
- ASK (Access Service for all Koories) care-coordinates more than 30 patients with Austin Health, particularly transporting patients to and from appointments and working with the Emergency Department to reduce both frequent attendances and patients who leave before being treated.
- Work continues to improve access to recommended treatments for Aboriginal patients attending Specialist Clinic appointments by arranging transport, accommodation and waiting-room companionship.
- The Aboriginal case manager is working with health professionals across the admission areas to coordinate care and discharge plans for Aboriginal patients.

Austin Health has been enthusiastically developing its new Karreeta Yirramboi Aboriginal Workforce Plan in order to reach a government-set employment target of 1 per cent Aboriginal workers by 2015.

Austin Health Data

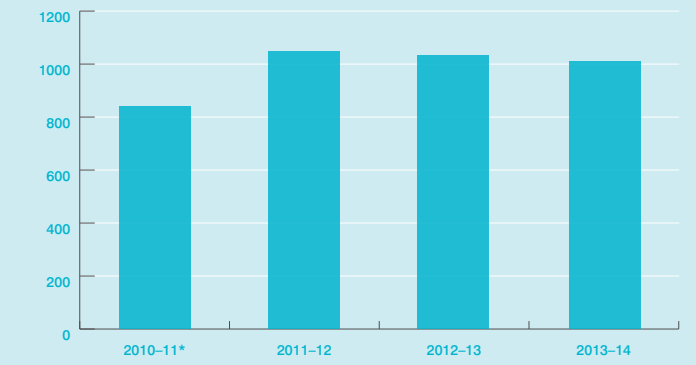
Consent for Blood Transfusion



Complaints



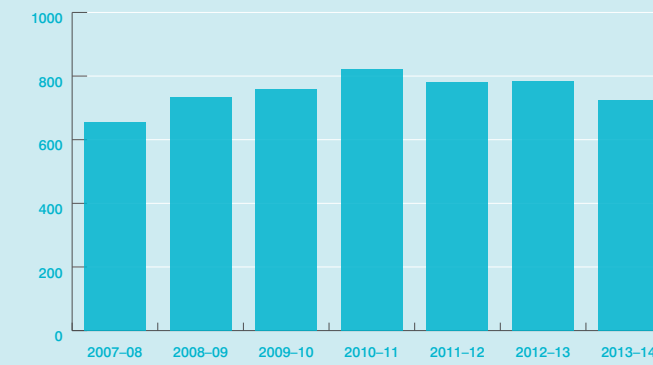
Medication Incidents by Year



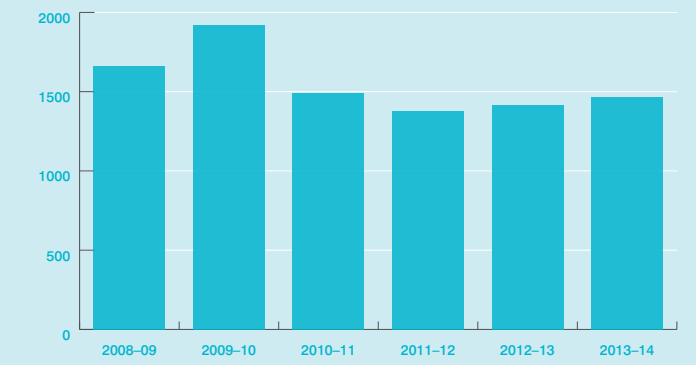
Hand hygiene compliance at Austin Health



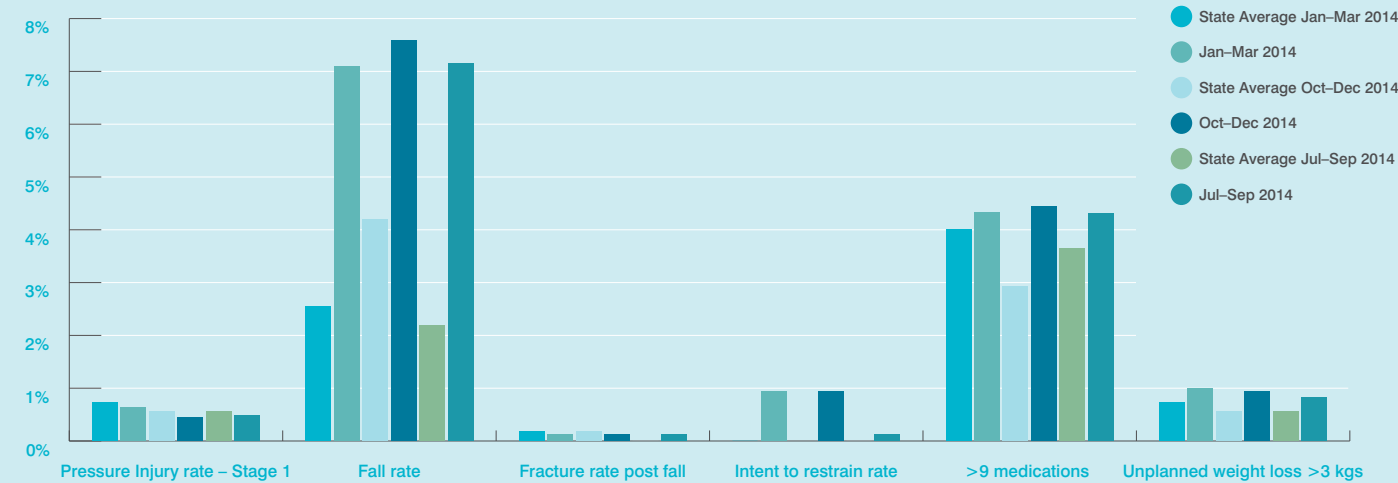
Liaisons



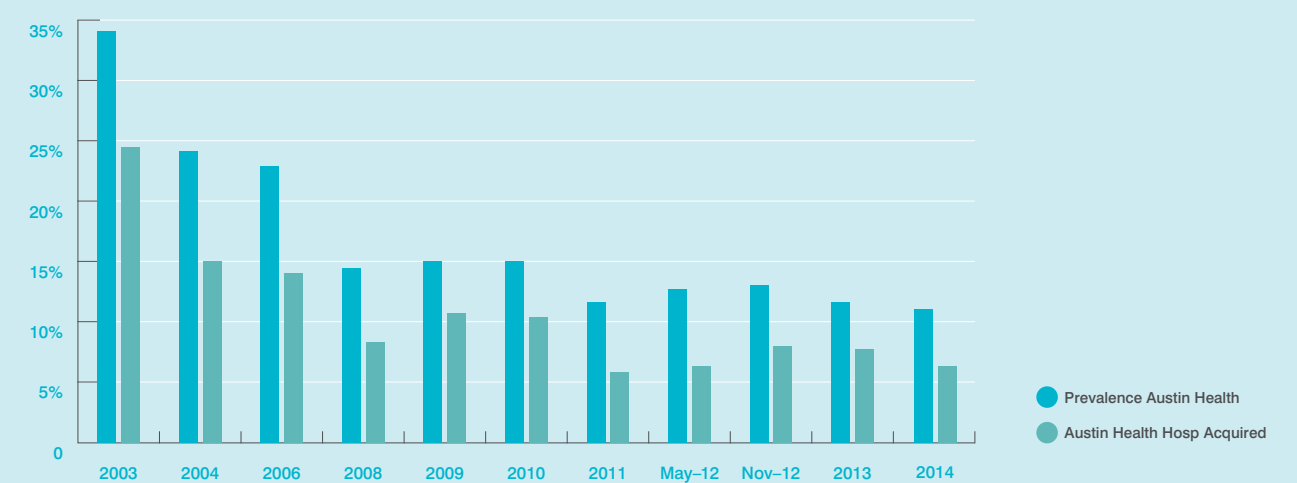
Falls at Austin Health



Darley House Aged Care Quality Indicator Data



Pressure Injury Prevalence at Austin Health



We speak *your language*

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

Arabic العربية
نحن نتكلم لغتك

Italian Italiano
Parliamo la tua lingua

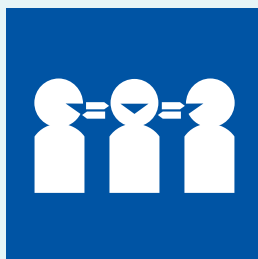
Macedonian Македонски
Ние го зборуваме вашиот јазик

Serbian Српски
Ми говоримо ваш језик

Greek ελληνικά
Μιλάμε τη γλώσσα σας

Mandarin 普通話
我們用你的語言說話

Cantonese 廣東話
我們用你的語言說話



For more information, contact Language Services on 9496 3367.

We understand *Aboriginal health*

Ngarra Jarra* Aboriginal Health Program provides culturally-appropriate care for our Aboriginal patients, families and carers, and training for all Austin Health staff.

For more information, contact Ngarra Jarra office on 9496 5638.

Austin Health acknowledges and pays respect to the Wurundjeri people, traditional owners of the land on which our hospital is built.



* Ngarra Jarra means 'healing' in Woiwurrung language of the Wurundjeri people.

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

Distribution

Austin Health distributed 1,000 copies of the 2013 Quality of Care Report to patients, staff, key stakeholders and community members. This year the report will be made available in waiting areas and staff areas across the three Austin Health sites and will be delivered to all wards, clinics and satellite services. Copies will also be mailed to our community partners including GP practices, community health centres, local government agencies, libraries, aged care facilities and state and federal members of parliament.

You can receive a copy of the report by visiting www.austin.org.au or via the Austin Health intranet (for Austin Health staff). Alternatively, contact the Quality, Safety and Risk Management Unit on 03 9496 3566.

What do you think?

We rely on feedback to ensure the Quality of Care Report is engaging and relevant for our readers. Please email feedback@austin.org.au or contact the consumer engagement manager on 03 9496 4735.

Contact

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





#austinhealthsaysthankeyou

**Thank you to our
staff and volunteers.**

**Can't do it
without you.**

Austin Hospital
145 Studley Road
PO Box 5555
Heidelberg
Victoria Australia 3084
Ph 03 9496 5000

Heidelberg Repatriation Hospital
300 Waterdale Road
PO Box 5444
Ivanhoe
Victoria Australia 3079
Ph 03 9496 5000

Royal Talbot Rehabilitation Centre
1 Yarra Boulevard
Kew
Victoria Australia 3101
Ph 03 9490 7500