

DEDICATED TO PROVIDING THE VERY BEST IN HEALTH CARE

Winner 2008 Premier's Award for
Metropolitan Health Service of the Year



QUALITY OF CARE
REPORT 2008

St. Vincent's Hospital
St. George's Health Service
Prague House
Caritas Christi Hospice

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WELCOME TO THE ST. VINCENT'S 2008 QUALITY OF CARE REPORT

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Welcome to the St. Vincent's 2008 Quality of Care Report. We hope you enjoy reading about St. Vincent's and the many ways we aim to meet the healthcare needs of our diverse community.

The report explains how St. Vincent's has performed throughout the past year. It includes information on our important achievements and areas of improvement as well as areas where we think we could do better.

Based on your feedback we have used many graphs and personal stories throughout the report to help break up the information and make it easier to understand.

We have also introduced some tips on how you can improve your health and safety at home such as information on good hand hygiene and preventing falls.

St. Vincent's is always looking for ways to improve the quality of care we provide to the community. We are proud to report that the quality of our services was acknowledged when we were named Metropolitan Health Service of the Year for our work in 2007-08. The award, which was announced by Premier John Brumby in September 2008, is the highest possible accolade

that a healthcare provider can receive. Premier Brumby congratulated St. Vincent's on consistently leading the way in quality and compassionate care and made particular mention of our 'can-do' approach.



Dr Elizabeth Wilkie
Chair, St. Vincent's Community
Advisory Committee

Αυτή είναι μια αναφορά για το St. Vincent's, συμπεριλαμβανομένου του St. Vincent's Νοσοκομείο, St. George's Υπηρεσίες Υγείας, Prague House και Caritas Christi Hospice.

Η αναφορά εξηγεί πώς βεβαιωνόμαστε ότι παρέχουμε υψηλή ποιότητα και ασφαλή φροντίδα προς την κοινότητα. Δίνει παραδείγματα των συστημάτων που εφαρμόζουμε για την διατήρηση της ασφάλειας των ασθενών μας. Αφηγεί τις ιστορίες ορισμένων ασθενών που τους φρόντισε το St. Vincent's. Περιγράφει την καλή δουλειά που έχουμε κάνει και τους τρόπους που μπορούμε να βελτιώσουμε τις υπηρεσίες μας.

Questa relazione considera il St. Vincent nel suo complesso, includendo l'ospedale St. Vincent, St. George's Health Service, Prague House e il Caritas Christi Hospice.

La relazione spiega in che modo viene assicurata alla comunità un'assistenza accurata e d'alta qualità. Fornisce esempi relativi ai metodi che permettono di garantire l'incolumità dei pazienti. Racconta le storie di alcuni pazienti che hanno ricevuto cure al St. Vincent. Descrive il lavoro diligente che è stato portato avanti e i modi in cui possono essere migliorati i servizi.

这份针对圣文森的报告，包含了圣文森 (St. Vincent's) 医院、圣乔治 (St. George's) 医院、布拉格老人院 (Prague House) 与基督慈善末期病人安养所 (Caritas Christi Hospice)。

在这份报告中，说明了我们如何确保向社区提供的护理是高质量且安全的，提出了我们的系统有助于维护病人安全的例子，诉说了一些曾在圣文森接受护理的病人的故事，也陈叙了我们做得好的工作以及可以改进服务的举措。

Planning and writing the report

The St. Vincent's Community Advisory Committee (CAC) planned and reviewed this report, together with St. Vincent's staff. The consumers identified specific topics they thought would interest you. To plan this report we:

- reviewed the guidelines from the Victorian Department of Human Services (DHS), to ensure we addressed all the mandatory areas
- reviewed comments from the DHS about our 2006-07 report
- considered the feedback from readers of the 2006-07 Quality of Care Report
- looked at previous Quality of Care Reports from St. Vincent's and other health services.

Distributing the report

The report will be sent to patients who have been treated at St. Vincent's in the past year and will be given to patients when they are admitted in 2008-09. We will also provide copies to government, local media and other groups who have an interest in our services.

Those who have access to the internet will be able to download a copy of the report from our web site: www.svhm.org.au and staff will have access to the report via our intranet.

Please give us your opinion

Once you have read the report, please let us know what you think about St. Vincent's so that we can continue to improve and meet your needs. Please email qualityofcarereport@svhm.org.au or telephone us on (03) 9288 3940 with your comments.

Bu rapor St. Vincent's sağlık kurumuna bağlı St. Vincent's Hastanesi, St. George's Sağlık Servisi, Prague House ve Caritas Christi Hospice kuruluşlarını kapsamaktadır.

Rapor topluma yüksek kaliteli, güvenli sağlık hizmetleri sunmak için yaptığımız çalışmalarını açıklamaktadır. Hastalarımızın güvende olmasını sağlayan sistemlerimizden örnekler vermektedir. St. Vincent's sağlık hizmetleri kurumunda bakım gören bazı hastaların hikayelerini anlatmaktadır. Gerçekleştirdiğimiz iyi çalışmaları ve hizmetlerimizi daha iyi hale getirme yollarını açıklamaktadır.

Đây là bản báo cáo về Bệnh viện St. Vincent, kể cả Dịch vụ Y tế St. George, Prague House và Caritas Christi Hospice.

Bản báo cáo cho biết chúng tôi phải làm thế nào để bảo đảm rằng dịch vụ chăm sóc của chúng tôi chẳng những an toàn mà còn có chất lượng rất cao. Tài liệu này đề cập đến những trường hợp điển hình cho thấy các hệ thống của chúng tôi đã đóng góp như thế nào cho sự an toàn của bệnh nhân. Qua bản báo cáo, chúng tôi thuật lại câu chuyện của một số bệnh nhân được chăm sóc tại Bệnh viện St Vincent. Đây là bản báo cáo trình bày những công việc tốt lành chúng tôi đã làm cùng là cách thức chúng tôi có thể cải thiện dịch vụ của chúng tôi.

هذا تقرير حول سانت فنسنت. ويشتمل مستشفى سانت فنسنت. وخدمة سانت جورج الصحية. و براغ هاوس. وكاريتاس كرسستي هوسبيس.

يشرح التقرير كيف نقوم بضمان تقديمنا لرعاية عالية الجودة وأمنة للمجتمع. ويقدم أمثلة حول أنظمتنا التي تساعد في الحفاظ على سلامة المرضى. ويسرد قصص بعض المرضى الذين تم تقديم الرعاية لهم في سانت فنسنت. كما يصف الأعمال الجيدة التي قمنا بها. والطرق التي يمكننا من خلالها تحسين خدماتنا.

ABOUT ST. VINCENT'S

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St. Vincent's holds a special place in the lives of many Australians. For 115 years we have been providing the highest standards of care driven by our concern for others, especially those in need.

St. Vincent's is a leading teaching, research and tertiary health service offering:

- adult acute medical and surgical services
- sub-acute care
- diagnostics
- rehabilitation
- allied health
- mental health
- palliative care
- residential care and community care.

St. Vincent's is part of the Sisters of Charity Health Service, Australia's largest non-government, not-for-profit healthcare provider.

St. Vincent's comprises:

- St. Vincent's Hospital Melbourne
- St. George's Health Service
- Prague House
- Caritas Christi Hospice.

Our collaborative partners work with us to deliver high quality treatment, teaching, education and research. These include the University of Melbourne, St Vincent's Institute, the Bernard O'Brien Institute of Microsurgery, the Bionic Ear Institute, Step Ahead Australia, the University of Wollongong, Eastern Palliative Care, the Australian Centre for Evidence Based Aged Care and the Australian Catholic University.

Our mission

Our mission is to bring the healing ministry of Christ to all we serve. Our concern for others, especially those in need, can be seen in every aspect of our services. We are dedicated to providing the best possible health care, drawing on the talents and creativity of our people and others who share our vision. We express our mission through our daily work in hospitals, ambulatory services and multidisciplinary clinics, research institutes, aged care services, hospices, outreach activities and in the home.

Our values

The values of the Sisters of Charity are the foundation of our mission. We are guided by these values in our relationships with the people we serve and our partners. In all our activities we strive to demonstrate:

- compassion: accepting people as they are, bringing to each the love and tenderness of Christ
- justice: acting with integrity and respecting the rights of all
- human dignity: respecting the uniqueness of each person created in the image and likeness of God
- excellence: excelling in all aspects of our healing ministry
- unity: creating a community characterised by harmony and collaboration.

St. Vincent's is committed to serving our diverse community, which includes:

- culturally and linguistically diverse communities
- Indigenous Australians
- people who are socially and financially disadvantaged, including people with a background of homelessness
- prisoners, in respect of their health needs
- people from the hearing-impaired community
- refugees and asylum seekers.

Our focus on hope, guided by our mission and values, ensures that our community experiences excellence in healthcare and service delivery.

Our vision

We will continue in our quest to improve the services offered to the Victorian community. As expectations and medical advances change, we are working to develop key areas, especially our mission focus, surgery, research, cancer services, ambulatory care, care of the older person and managing demand for services.

We remain committed to delivering the mission and values of the Sisters of Charity in everything we do.

By 2010 we will:

- expand surgical capacity with innovative models of care and facilities for orthopaedics, ear nose and throat, neurosciences, plastics and microsurgery
- foster innovation in models of care targeting the needs of the older person
- further improve our services and research into Koori health
- expand the depth and breadth of drug and addiction medicine services
- expand services to provide additional support to people with chronic health conditions
- develop our facilities to consolidate our position as an international player in the world of medical research
- develop ambulatory care services and where possible, provide care in home-based or community settings
- plan for the development of comprehensive cancer services supported by an interdisciplinary Cancer Centre.

Every strategy is driven by our talented staff, government policy, the health needs of the people of Victoria and the mission and values of the Sisters of Charity.

Our facilities

St. Vincent's Hospital, Fitzroy

St. Vincent's in Fitzroy provides a wide range of medical, surgical, allied health and mental health services, including community, outreach, drug and alcohol and correctional health services. As a major teaching, research and tertiary referral centre, we are committed to providing the best possible patient care, servicing both our local and regional communities. St. Vincent's is also Victoria's largest metropolitan provider of healthcare for Indigenous Australians. The hospital is situated in Fitzroy on the fringe of Melbourne's central business

district, bounded by Victoria Parade, Nicholson Street, Fitzroy Street and Gertrude Street. We operate a major diagnostic program that includes both private and public services. Our pathology collection centres are located throughout metropolitan Melbourne, with private radiology available through Central Melbourne Medical Imaging at the Fitzroy campus.

St. George's Health Service

St. George's Health Service in Kew provides a comprehensive aged care service, including inpatient care, geriatric evaluation and management, residential aged care, rehabilitation and acute aged psychiatry, as well as a broad range of community-based assessment and treatment services.

Caritas Christi Hospice

Caritas Christi Hospice provides palliative care services across two campuses. There are 34 beds at the Kew campus, along with a day hospice and community day care centre. At the Fitzroy campus there are 10 palliative care beds co-located with the acute care services at St. Vincent's.

Prague House

Prague House has operated since 1976, providing residential care to people who are socially and financially disadvantaged. Prague House provides residential services for older men and, more recently, women – all of whom have particular needs relating to their health status and have experienced homelessness. Since its move to the St. George's campus in Kew the service has expanded from 34 beds to 45.

Our specialties

Addiction Medicine
 Aged Care
 Allied Health
 Breast Screen
 Cardiac Services
 Clinical Immunology
 Clinical Pharmacology
 Colon and Rectal Surgery
 Community Healthcare
 Community Rehabilitation
 Coronary Care Unit
 Correctional Health Services
 Day Procedures
 Dermatology
 Dialysis
 Emergency Medicine
 Endocrinology
 Ear Nose and Throat Surgery
 Head and Neck Surgery
 Gastroenterology
 General Medicine
 General Surgery
 Geriatric Medicine

Haematology
 Hospital in the Home
 Hostel Care
 Intensive Care Unit
 Lithotripsy
 Medical Imaging
 Medical Oncology
 Mental Health
 Nephrology
 Neurology
 Neurophysiology
 Neurosurgery
 High Level Aged Residential Care
 Oncology
 Orthopaedic Surgery
 Otolaryngology
 Outpatients
 Pain Management
 Palliative Care
 Pathology
 Plastic Surgery
 Polio Services
 Primary Care
 Psychiatry
 Rehabilitation
 Renal Transplant
 Residential Care Services
 Respiratory Medicine
 Respite Care
 Rheumatology
 Stomal Therapy
 Stroke Service
 Transitional Care
 Thoracic Medicine
 Upper Gastro Intestinal/
 Hepatobiliary Surgery
 Urological Surgery
 Vascular Surgery

Our Staff

St. Vincent's conducts thorough credential checks to ensure all of our staff are appropriately qualified, have up-to-date skills and the necessary experience to provide you with the best quality and safest care.

Policies and procedures include:

- confirming staff qualifications with medical and surgical colleges
- checking registration with relevant professional bodies and boards
- verifying that staff hold practising certificates/ qualifications/ registrations that require a minimum level of qualification to achieve.

Nursing, physiotherapist, podiatrist, psychologist and pharmacist registrations are checked annually and interns are not issued with a certificate of successful internship completion until all clinical certification requirements are met.

Geographically, St. Vincent's primary catchment includes the municipalities of Yarra, Boroondara, Darebin and Moreland. Forty-five per cent of inpatients are from our primary and secondary catchments. A further 39 per cent are from other parts of Melbourne, 13 per cent from rural Victoria and 3 per cent from interstate or overseas.

How we work with consumers, carers and the general community

At St. Vincent's we are committed to consumer and community participation and seek input from patients, residents, clients, carers and the community in the planning, delivery and evaluation of the health service. Working together we will continually improve the quality of our existing and new services.

How do we involve consumers, carers and the community?

We provide information to consumers and carers to support their participation in healthcare, convey facts and educate, including:

- information about 'Your rights and responsibilities' and how to provide feedback
- patient safety – questions you might want to ask your healthcare professional
- information about your illness, medication and treatment options
- information about how to make a compliment, complaint or suggestion
- how to access an interpreter when required
- involving patients and families in healthcare discussions.

When developing information, we consider issues such as diversity, culture, language, literacy, age and visual or hearing impairment.

Community members, consumers or carers have been involved with the following throughout 2007–08:

- St. Vincent's Mental Health Service Consumer Reference Committee
- Cultural Diversity Committee
- St. Vincent's Smoking Cessation Working Party

- Managing Medications for Older People – Preventing Functional Decline Working Party
- Preventing Falls in Residential Care Project Steering Committee.

Community Advisory Committee

St. Vincent's Community Advisory Committee (CAC), which was established in 2001, provides an additional mechanism for consumer, carer and community input into the service we provide. The CAC advocates to the St. Vincent's Board on behalf of the community, consumers and carers.

The CAC meetings have included presentations from a variety of departments and projects to enhance participation, including:

- 2006–2007 Quality of Care Report
- St. Vincent's organisational structure
- St. Vincent's Foundation
- Cultural Diversity Committee achievements
- Medical and nursing education

We have a number of consumer participation forums in our specialty service areas. The activities of these forums are guided by a consumer participation plan.

The Community Advisory Committee members for 2007–08 were:

- Dr Elizabeth Wilkie (Chair)
- Ms Jacqui Blackwell
- Ms Pam Crozier
- Ms Genevieve Cunliffe
- Mr Charlie Gore
- Ms Sarah Gray
- Mr Dean Griggs
- Ms Julia Harris
- Ms Sally Isaac
- Mr Graham Otter
- Ms Mary Predebon
- Ms Anne Seitz
- Dr Nick Shannon
- Ms Lisa Wilkins
- Ms Bronwyn Williams

Community advisory committees give consumers, carers and the community a voice in the running of public health services. These committees operate according to Department of Human Services (DHS) legislation and guidelines. In February 2008 the department surveyed public health services across Victoria to see how well community advisory committees were working to promote consumer, carer and community participation and whether their advocacy had improved healthcare.

The external survey team found that St. Vincent’s Community Advisory Committee had strong links with other consumer and community participation forums and complied with both the spirit and the intent of the legislation and guidelines. It found that the committee enjoyed the support and commitment of the Board, with committee input sought for both strategic planning and operation. There was also widespread support across the organisation for the work of the committee and its members.

The DHS evaluation results demonstrate St. Vincent’s commitment to consumer participation and engagement, which was also reinforced by the findings of an accreditation survey in July 2007.

In 2007–08, St. Vincent’s has met or exceeded the requirements of the Victorian Government’s consumer participation policy ‘Doing it with us not for us’ in the following ways:

1. Governance

Recommended Standard

1.1 The governing body is committed to consumer, carer and community participation.

Indicator

1.1.1 Health service meets the accreditation standards in the Evaluation and Quality Improvement Program

(Australian Council on Healthcare Standards 2002): ‘The governing body is committed to consumer participation’ (currently Standard 2.4) or its equivalent, to the level of ‘MA’ (Moderate Achievement).

St. Vincent’s Performance

During the 2007 Australian Council on Healthcare Standards (ACHS) organisation-wide survey St. Vincent’s achieved an EA (extensive achievement) level for standard area 1.6 ‘The governing body is committed to consumer participation’. St. Vincent’s also received a commendation for the Board for their active role in promoting community/ consumer participation through use of focus groups and surveys. St. Vincent’s is accredited by ACHS until October 2011.

Recommended Standard

1.2 There is participation in higher level decision making.

Indicator

1.2.1 There are consumers, carers or community members on key governance and clinical governance structures.

St. Vincent’s Performance

St. Vincent’s has consumer, carer and community participation in a range of key governance and clinical governance structures. This includes representation on a range of program committees, including: Aged Care and Allied Health, Mental Health, Cultural Diversity and Aboriginal Health.

St. Vincent's has two Human Research Ethics Committees which include the membership of five lay persons across both committees. The Animal Ethics Committee membership includes two lay persons and two animal welfare representatives. The Institutional Biosafety Committee has one independent member.

Indicator

1.2.2 A community advisory committee has been established in accordance with the Health Services Act 1988 section 239.

St. Vincent's Performance

Yes

Indicator

1.2.3 A community advisory committee has been established in accordance with the non-statutory guidelines.

St. Vincent's Performance

Yes

2. Accountability

Recommended Standard

2.1 The service reports openly to its communities on quality and safety, and the participation in its processes.

Indicator

2.1.1 The quality of care report outlines quality and safety performance and systems in the key care areas that address the healthcare needs of the service's communities, consumers and carer populations.

St. Vincent's Performance

The St. Vincent's Quality of Care Report, which exceeds the minimum reporting requirements, is distributed widely to our community and made available online.

Indicator

2.1.2 A community participation plan has been developed and is being reported against annually to the Department of Human Services.

St. Vincent's Performance

Yes. A report on the St. Vincent's Consumer and Community Participation Plan will be forwarded to the DHS by 30 November 2008.

3. Healthcare and treatment

Recommended Standard

3.1 There is consumer and, where appropriate, carer participation in clinical care.

Indicator

3.1.1 Consumer participation in decision making about their care and treatment is assessed on the Victorian Patient Satisfaction Monitor's Consumer Participation sub-index.

St. Vincent's Performance

Victorian Patient Satisfaction Monitor (VPSM) results are received six monthly and reported to the Board CAC, Clinical Quality Committee, Board Clinical Governance Committee and the Board.

St. Vincent's exceeded the target in relation to consumer participation during wave 13 and 14 of the VPSM.

Indicator

3.1.2 Appropriate information is available to enable all consumers and carers, where appropriate, to choose to share in decision making about their care.

St. Vincent's Performance

An admission pack is provided to consumers on admission and includes:

- St. Vincent's general patient/consumer information brochure
- St. Vincent's Your Privacy brochure
- St Vincent's Complaints, Compliments, Suggestions brochure
- DHS Charter of Rights and Responsibilities
- 10 Tips for Safer Health Care brochure from Australian Commission for Quality and Safety
- DHS Victorian Patient Satisfaction Monitor (VPSM) Information (and refusal sheet with St. Vincent's logo)

Fifty patient information brochures for specific conditions and treatment options are also used at St. Vincent's.



MONITORING

QUALITY OF CARE

St. Vincent's has many different services over 19 sites that are regularly reviewed by a number of accreditation organisations. Accreditation is an important process which ensures that organisations entrusted with the healthcare of the community meet accepted standards of care. St. Vincent's has been accredited by the Australian Council on Healthcare Standards (ACHS) since 1976.

Our four residential facilities – Auburn House, Cambridge House, Prague House and Riverside House – are fully accredited with the Aged Care Standards and Accreditation Agency. Our general practice clinics in St Kilda and Brunswick and our employee assistance counselling program in Fitzroy are fully accredited by Australian General Practice Accreditation Limited. Other accreditations include our pathology department, which is accredited by the National Association of Testing Authorities.

St. Vincent's was reviewed by ACHS in July 2007 and was granted four-year accreditation until 26 November 2011. We received 12 commendations for exemplary performance including:

- the organisation and staff for their work in health service demand
- St. Vincent's commitment to providing services and information to consumers and patients from culturally and linguistically diverse backgrounds, and to consumers and patients with special needs
- the capacity of hospice services to preserve the dignity and comfort of patients through individual care management
- the board actively promoting community and consumer participation through focus groups and surveys
- the extent of our organisation's links with community agencies
- the scope of our information management systems, which has contributed to the delivery of quality care and service
- the appointment of patient liaison officers and the review, management and detailed assessment of consumers' complaints
- the integration of our Mission program

- considering risk, safety and quality with strategic objectives
- the widespread use of scorecards and assessment methodologies
- the professionalism and compassion of our staff
- the inclusion of community impact statements in our business case template.

St. Vincent's also received a number of suggestions for improvement, including:

- recording the involvement of patients in planning for their care
- refining systems to ensure alerts such as drug allergies are reviewed
- extending our work on the prevention of bed sores to include operating theatres.

At St. Vincent's we are always looking for ways to improve so we can make our patients' stay the best it can be. Following the accreditation review, the following improvements have been made:

- a system for prioritising outpatient appointments
- strategies to improve hand washing compliance to exceed world best practice benchmarks
- improved staff awareness of their roles and responsibilities in risk management.

MEASURING PATIENT SATISFACTION

At St. Vincent's we strive to achieve a high level of patient satisfaction with our services.

One of the ways we measure patient satisfaction is through the Victorian Patient Satisfaction Monitor (VPSM), a Department of Human Services tool that examines how satisfied patients are with the care and services provided by the state's public hospitals.

Surveys are sent out monthly to patients who have been discharged and the results are collated and reported back to hospitals every six months.

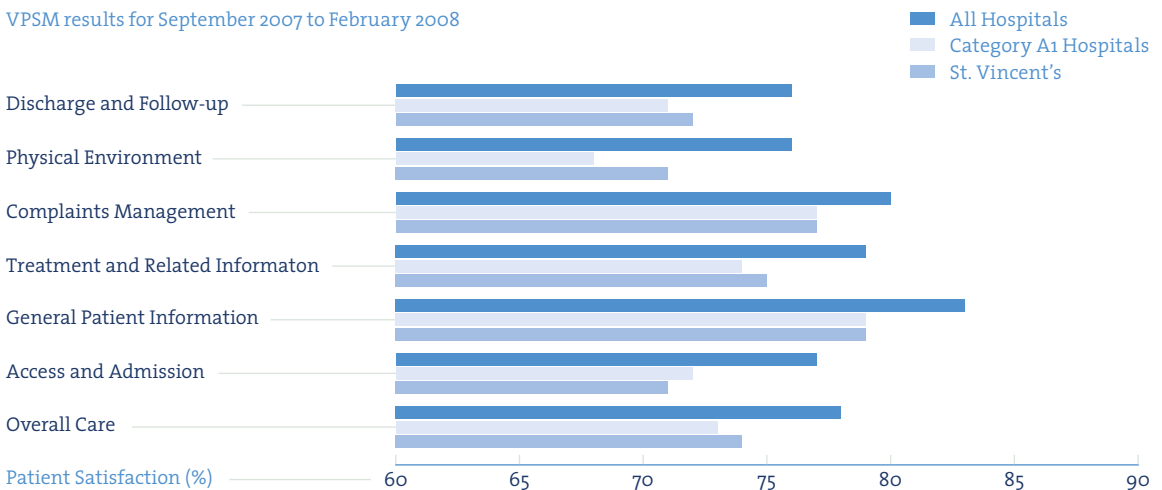
The VPSM reports help hospitals identify strategies to improve services and patient satisfaction. The reports also help hospitals to track their performance over time and compare their results to similar hospitals.

St. Vincent's level of patient satisfaction is generally on par or higher when compared to other similar A1 tertiary teaching hospitals. This includes satisfaction with overall care, discharge and follow-up, physical environment, treatment and related information, complaints management and general patient information.

More patients are coming to our Emergency Department (ED) and the length of stay for many of these patients has increased. To keep pace with emergency demand, St. Vincent's is planning the following:

- introducing an advanced care physiotherapist to manage many of the higher triage category patients
- introducing an ED psychiatry registrar position
- appointing an additional triage nurse who is able to fast track processes such as ordering x-rays and pathology
- appointing additional nurses dedicated to the resuscitation areas of the ED.

VPSM results for September 2007 to February 2008



COMPLAINTS, COMPLIMENTS, SUGGESTIONS

It is important for patients to have the opportunity to give us feedback, particularly if they are unhappy with any aspect of our service.

Patients see first-hand the areas that are working smoothly and those that require improvement so we value their insight.

Every patient admitted to St. Vincent's now receives an information pack on what to do if they would like to make a complaint. Our Patient Liaison Officers ensure all complaints are followed up appropriately and in a timely manner.

A regular review found that patient satisfaction increased by 6 per cent after introducing this pack. On average, complaints are addressed within 23 days which is within the Health Services Commissioner's benchmark of 28 days.

The areas that patients have provided feedback about in the past 12 months are broken down into the following categories, as defined by the Health Services Commissioner:

- access
- treatment
- administration
- communication
- cost
- privacy
- rights
- atmosphere

See graph for breakdown.

Providing feedback is not always about making a complaint.

Compliments

If patients wish to pass on a compliment they can write directly to the staff or service they wish to thank, or write to the Patient Liaison Officer who will pass on their thanks to relevant staff.

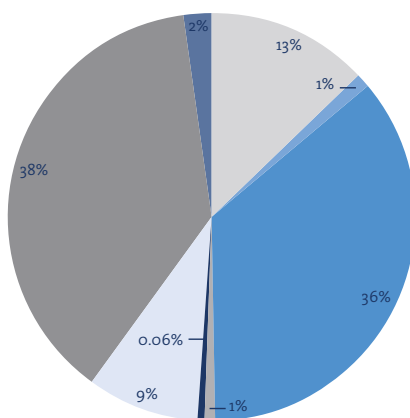
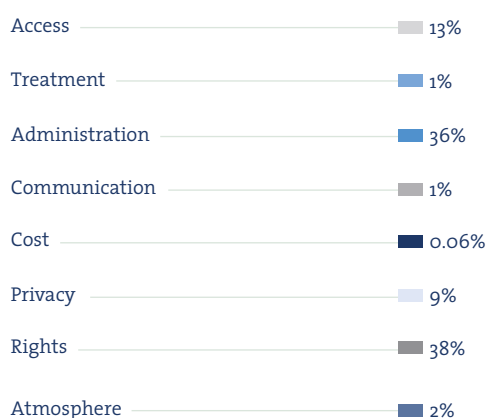
Suggestions

Should patients wish to make a suggestion for improvement, they are encouraged to write directly to the Manager of the relevant department, or write to the Patient Liaison Officer.

Complaints, compliments and suggestions can be addressed to:

Patient Liaison Officer
PO Box 2900
Fitzroy Vic 3065

Areas of complaint in 2007–08



IMPROVING QUALITY AND SAFETY

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St. Vincent's has a Clinical Governance Unit which works to improve the quality and safety of our services and ensures that we have appropriate systems and processes in place to achieve this goal (diagram 1).

We focus on providing safe services and eliminating risk to patients. We also support innovation and are always looking for new and better ways to provide the best possible care. Our strategy is underpinned by St. Vincent's mission, vision and our risk management framework and policy and governance structure.

We develop business and quality plans that take into account a whole range of factors including accreditation results, risk assessments, benchmarking results and state, national and international safety and quality priorities. The plans also include recommendations from accreditation processes. They are overseen by the Board's Clinical Governance Committee and management quality committees.

We also use scorecards to monitor and report on risks and quality across the organisation. There are 35 departments that contribute to more than 65 scorecards. A summary scorecard for the health service as a whole is monitored monthly by the Board. It is updated annually to include new state, national and international benchmarks and to help us respond effectively to consumer and organisational needs.

St. Vincent's participates in an extensive program of state and national benchmarking such as The Health Round Table, the Department of Human Services (DHS) Better, Safer Transfusion (BeST) initiative, the Australian Council on Healthcare Standards Clinical Indicators, DHS Hand Hygiene Program and Pressure Ulcer Clinical Indicator Program, the Victorian Hospital-Acquired Infection Surveillance (VICNISS), the Victorian Intensive Care Data Review Committee and the Victorian Vascular Surgery Database Project.

Our quality improvement practices have led to St. Vincent's performing strongly against other major A1 tertiary teaching hospitals in performance targets. We have consistently achieved the highest scores for patient satisfaction in comparison with other similar A1 hospitals over the past eight reporting periods, spanning two and a half years. Our scheduled day surgery

admission rate is significantly higher than the Australian/ New Zealand health service benchmark (Health Round Table). St. Vincent's rate of 3.31 complaints per 1000 episodes of care is below the average of 5.52 for comparative health services (Health Complaints Information Program).

Monitoring compliance with policies and procedures is formally carried out by various external, peer review and accreditation processes. These include external auditors, DHS, Victorian WorkCover Authority and Victorian Managed Insurance Agency.

Clinical Practice Improvement Program

The Clinical Practice Improvement Program is a new initiative that was implemented in 2007. The program sits within the Clinical Governance Unit and aims to get departments working together to make improvements that have an organisation-wide impact on the safety and quality of patient care.

A Clinical Practice Improvement Nurse was recruited in October 2007 to coordinate this program. Since this time the Clinical Practice Improvement Nurse has been involved in a number of key working parties and projects to improve patient safety.

Diagram 1: Patient, staff and professional group input into decision making at St. Vincent’s



Diagram 2: Clinical governance overview – key elements

Compassion	Justice	Human dignity	Excellence	Unity
Structural Elements		Enabling Elements		
External & Legislative	Internal (Including roles and responsibilities)	(Directing) Strategy/Framework/ Policy	(Controlling & Managing) Processes/Procedures	(Assuring) Outputs/Measurement
Legislation – Clinical – Government Stakeholders – Department of Human Services – Department of Justice – Commonwealth Other external stakeholders	National SCHS Board Charter Board Sub-committees – Clinical Governance – Community Advisory Committee – Audit – Finance Management Committees Authorities & Delegations Framework Clinical Governance Principles – Leadership – Roles and Responsibilities	Strategy – Mission and Values – Strategic Planning and Quality Planning – Clinical Risk – Clinical Projects – Consumer Participation – Workforce Management – Information and Reporting – Information Technology Management – Knowledge Management – Equipment/ Maintenance Policy – Clinical Policies	Primary Patient Processes – Patient Management Plan – Patient Risk Tools – Clinical Handover – Pathways – Discharge Planning – Admission Process – Patient Information Supporting Processes – Clinical Risks – Budgeting – Complaints – Patient Satisfaction & Monitoring – Quality Planning – Competency, Credentialling & Scope of Practice Guidelines – Clinical Practice	External Evaluation – Aged Care & Standards Agency – ACHS – NATA – AGPAL – Coroner – Surgical Audits – Independent Review Internal Evaluation – Legislative Compliance – KPIs Scorecard – Credential/ Competency – Medico/Legal – Complaints Internal Audit/Surveys – Internal Quality System Review

HOW OUR EMERGENCY DEPARTMENT IS PERFORMING

Over the past 12 months the number of patients arriving at the Emergency Department (ED) has grown steadily. More than 40,000 patients were treated, 28 per cent of whom were admitted.

Patients presenting to the ED need to be triaged as soon as they arrive. Upon arrival a patient is reviewed and, depending on the severity of their symptoms, will be triaged according to the Australasian Triage Scale (ATS). This ensures the level of care received by emergency patients matches their clinical needs and level of urgency.

The ATS has five levels of acuity:

- Category 1: resuscitation
- seen immediately
- Category 2: emergency
- seen within 10 minutes
- Category 3: urgent
- seen within 30 minutes
- Category 4: semi-urgent
- seen within an hour
- Category 5: non-urgent
- seen within two hours

Public hospitals providing ED services in Australia apply these triage categories to all emergency presentations.

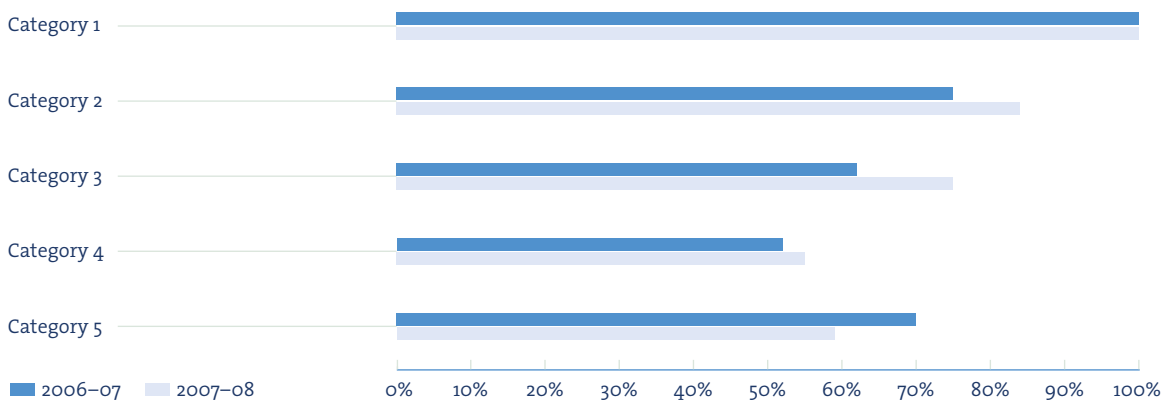
St. Vincent's met all medical priority waiting time targets set by the Australasian College for Emergency Medicine. In the coming year we will focus on these targets by introducing an advanced practice physiotherapist, an emergency department mental

health registrar and additional medical staff to provide a fast-track service.

The graph below reflects the growing number of patients presenting to St. Vincent's ED and shows that for 2007-08:

- Category 1 patients who presented to St. Vincent's ED were all seen immediately.
- 84 per cent of Category 2 patients were seen within 10 minutes
- 75 per cent of Category 3 patients were seen within 30 minutes
- 55 per cent of Category 4 patients were seen within an hour
- 59 per cent of Category 5 patients were seen within two hours.

Percentage of patients in each ED triage category seen in the required time in 2006-07 and 2007-08



Our Infection Control Department educates staff on how to limit the potential spread of infection through hygiene practices such as the thorough washing of hands. The team also tracks and investigates the rate of infection and looks for ways that we can improve our practices.

Infection rates that are tracked against a state average (the Victorian Hospital Acquired Infection Surveillance System or VICNISS) include central

line infections and Methicillin Resistant Staphylococcus Aureus (MRSA).

A central intravenous cannula is inserted into a major vein and is used to give fluids and medications. There is a risk of infection with cannulas and because central line cannulas are in such an important vein, it is essential to monitor any related infections.

Our rate of central line-associated blood stream infection falls well below the infection rates of all other large tertiary hospitals.

We aim to reduce the risk of central line infection even further by introducing a new dressing that is impregnated with chlorhexidine (a disinfectant-type solution)

that will go around the area where the cannula is inserted.

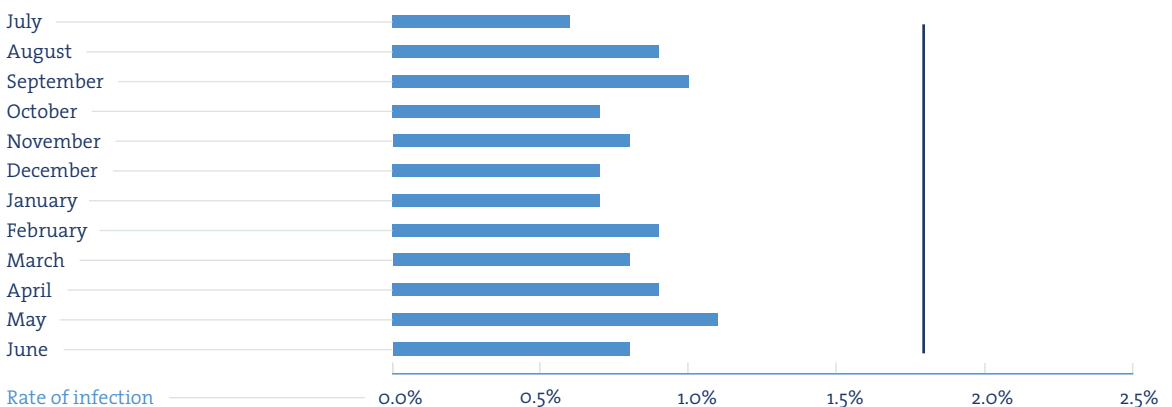
MRSA is a type of infection typically acquired in hospital that is resistant to antibiotics. Less than 1 per cent of patients at St. Vincent’s get MRSA.

Controlling infection through hand hygiene

Hand hygiene is a term that describes both hand washing using soap and water, and cleaning hands with alcohol-based hand sanitisers. Hand hygiene is the best way to stop germs from spreading.

St. Vincent’s was selected in 2004 to participate in the Victorian Quality Council’s

Methicillin Resistant Staphylococcus Aureus (MRSA) rate ■ Actual — Benchmark



Hand Hygiene Project. The project introduced an alcohol-chlorhexidine hand hygiene product, educated healthcare workers about hand hygiene, promoted hand hygiene practices and collected data for feedback. The alcohol-chlorhexidine hand rub can be used as an alternative to hand washing in most clinical situations. The hand rub was introduced across St. Vincent's in areas easily accessible to staff, patients and visitors.

Hand hygiene compliance measures how often and in what situations staff should wash their hands. The graph shows how hand hygiene compliance has improved at St. Vincent's since 2004. Hand hygiene compliance is at 70 per cent, which exceeds the Department of Human Services compliance benchmark of 55 per cent.

Keeping clean

An external auditor checks the cleanliness of our buildings twice every year to ensure we are meeting the minimum standard for healthcare providers.

An audit was conducted in March, with all areas of St. Vincent's achieving well above the minimum compliance score of 85 per cent. St. Vincent's Hospital scored 93.1 per cent. Caritas Christi Hospice scored 97.9 per cent, the highest score in the sub-acute category and St. George's Hospital scored 97.7 per cent, the second-highest score in the sub-acute category. The Cardiothoracic Care Centre achieved 97.9 per cent.

Hand hygiene at home

Practicing good hand hygiene at home can help prevent you from getting sick or passing on a cold to those around you.

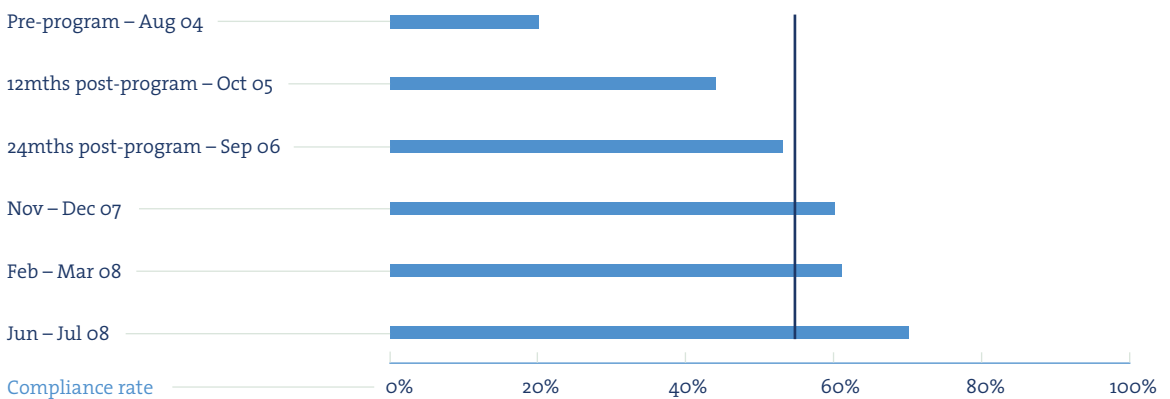
When to wash your hands:

- after going to the toilet
- before and after handling food
- after sneezing, coughing or blowing your nose
- after caring for a sick person
- after changing a nappy
- after playing with pets
- after handling rubbish.

Tips on how to wash your hands:

- Use soap and water
- Rub the soap all over your hands including between the fingers, the backs of hands, palms, fingertips and fingernails
- Rinse the hands in clean water to remove all soap
- Dry thoroughly with a clean paper or cloth towel.

Hand hygiene compliance ■ Actual — Benchmark



PREVENTING FALLS

In the community, around one in three people over the age of 65 will fall each year. The risk of falling is even greater for patients in hospital. Preventing falls is a priority and represents a major challenge for hospitals. All patients over the age of 60 are assessed on admission to identify those at high risk of falling. Appropriate prevention strategies are put in place to minimise the potential risk of injury.

St. Vincent’s Falls Working Party meets each month to discuss

patient falls and prevention strategies. Between January and April 2008 the working party extensively reviewed patient falls, examined hospital wards and evaluated prevention strategies as part of a project to reduce the number of falls.

The project identified an opportunity to:

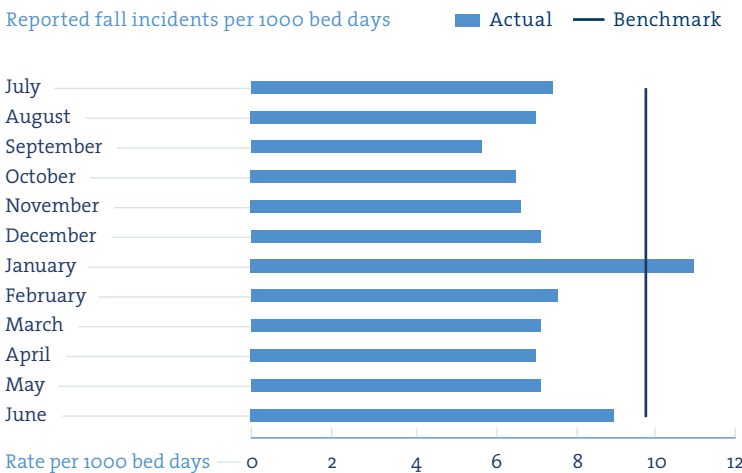
- improve patient, family and carer access to information on how to prevent falls
- improve the safety of the hospital environment
- screen patients aged over 65 for mental alertness
- improve multidisciplinary assessment of patients
- enhance continence management
- improve the supervision of patients identified as at a high risk of falling

- prevent injuries by purchasing additional floor-level beds
- introduce a formalised medication review
- improve the identification of patients at risk of falling
- enhance staff awareness
- enhance the monitoring of falls at the ward and department level.

Over the next 12 months each of these areas for improvement will be implemented in an effort to prevent falls.

A further exploration of strategies to reduce injuries associated with falls is currently underway. Some of these strategies are already in place (for example floor-level beds), however it is hoped that this project will identify additional strategies along with opportunities to enhance existing achievements.

Reported fall incidents per 1000 bed days



Tips for preventing falls at home

- Wear well-fitting shoes – pay particular attention to slippers.
- Try to keep a safe and uncluttered environment – minimise things that might cause you to trip.
- Make sure clothes – especially pyjama pants – are not too long.
- If you need glasses, make sure you wear them at home.
- If you need a walking aid, keep it close by at all times.

PREVENTING PRESSURE ULCERS

Pressure ulcers, also known as bed sores, are a recognised risk of hospital care and are largely preventable. Pressure ulcers occur when prolonged pressure restricts or cuts off blood supply to a particular area of skin, resulting in damage to the skin and underlying tissue. They can develop over bony areas of the body when, for example, patients spend long periods of time in bed.

Pressure ulcer risk is monitored closely at St. Vincent's. A Skin Integrity Working Party meets

each month to discuss pressure ulcers and prevention strategies. During 2007–08 the prevention clinical guidelines were reviewed and skin care guidelines were developed.

Our podiatry, occupational therapy and physiotherapy departments have identified pressure-relieving equipment needing repair and where additional resources are required.

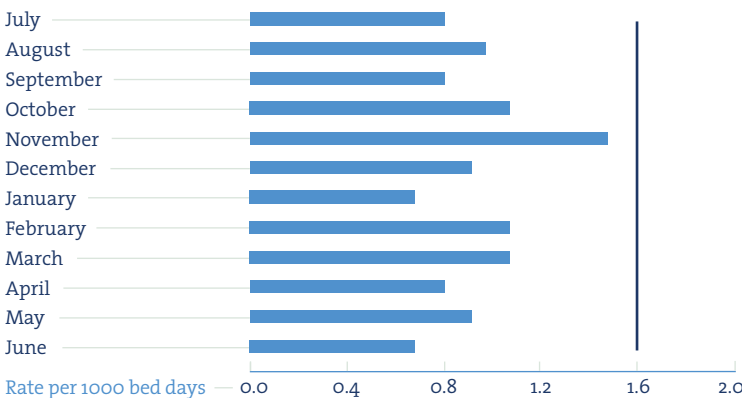
During 2007–08 there was a 10 per cent reduction in the incidence of pressure ulcers across St. Vincent's compared with 2006–07. Pressure ulcers are classified according to their severity. The Clinical Practice Improvement Nurse is currently reviewing data on all serious pressure ulcers to develop strategies for further improvement.

We continue to assess all patients on admission to identify those at high risk of developing a pressure ulcer. Using pressure-relieving equipment, barrier creams and continence aids are some of the ways we care for these high-risk patients.

St. Vincent's will participate in Stage 2 of the Department of Human Services mattress replacement program in the coming financial year.

Standard hospital mattresses in the acute, sub-acute and palliative care areas of St. Vincent's will be replaced with mattresses that are especially designed to relieve pressure.

Reported pressure ulcer incidents per 1000 bed days ■ Actual — Benchmark



Preventing pressure ulcers at home

- Move – if you are lying in bed for long periods try to change your position on a regular basis.
- Look after your skin – keep your skin dry, bathe in warm (not hot) water and use a mild moisturiser.
- Look after yourself – eating a balanced diet and not smoking can improve circulation and help prevent pressure ulcers.

HOME IS MORE THAN A ROOF



GAYE MOORE

It was a leap of faith that landed Gaye Moore in the role of caring for homeless people, but it is a leap that she believes was a turning point in her career.

After 30 years of nursing and an honours degree, Gaye took on the role of manager of our Sister Francesca Healy Cottage, a role that inspired her to pursue a PhD.

“The Cottage is unique to St. Vincent’s,” she says. “It offers complete care for the whole person – we look at their physical health, mental health, social and housing situation and offer ‘time-out’ in a safe and supportive environment. It represents all the values of the Sisters of Charity – it’s a very special place that means healthcare is more accessible to homeless people.”

Gaye’s PhD investigates the healthcare needs of homeless

people. As part of her studies, she has developed a screening tool to assess and identify homeless people who present to emergency departments. The idea is that people most at risk of re-presenting to the emergency department are detected quickly and referred for appropriate treatment.

“Based on my current research, we know that homeless people make up more than 10 per cent of presentations to emergency at St. Vincent’s and that homeless people are three times more likely to present to emergency than the wider population.

“They often have a combination of mental illness, drug and alcohol addiction and a chronic illness like diabetes or liver disease.”

Gaye was awarded the Sister Claire Nolan Memorial Scholarship

in 2008, which has enabled her to fund a pilot project of the screening tool at St. Vincent’s.

“The end goal for me would be to have all emergency departments screening for homeless presentations and providing appropriate support.”

Victorian award for The Cottage

The Cottage won the award for Innovation in Access to Healthcare in the 2007 Victorian Public Healthcare Awards. Health Minister Daniel Andrews said: “The supportive home-like environment aims to address some of the long-term causes of the patient’s illness. The establishment of The Cottage has resulted in a unique model of care tailored to meet the particular needs of a marginalised group of patients.”

MONITORING MEDICATION

If the wrong medication is given or a medication is administered incorrectly (e.g. the wrong dose), there could be serious consequences for the patient. St. Vincent's closely monitors all medication-related incidents, including potential incidents, to identify ways we can improve our processes to protect patient safety.

All incidents are tracked by an online database called 'RiskMan'. The number of

medication-related incidents has decreased by 11.5 per cent compared to last year.

During the past 12 months, we have changed the way we classify data to identify whether incidents involved intravenous therapy, administration (such as paperwork), dispensing and prescribing.

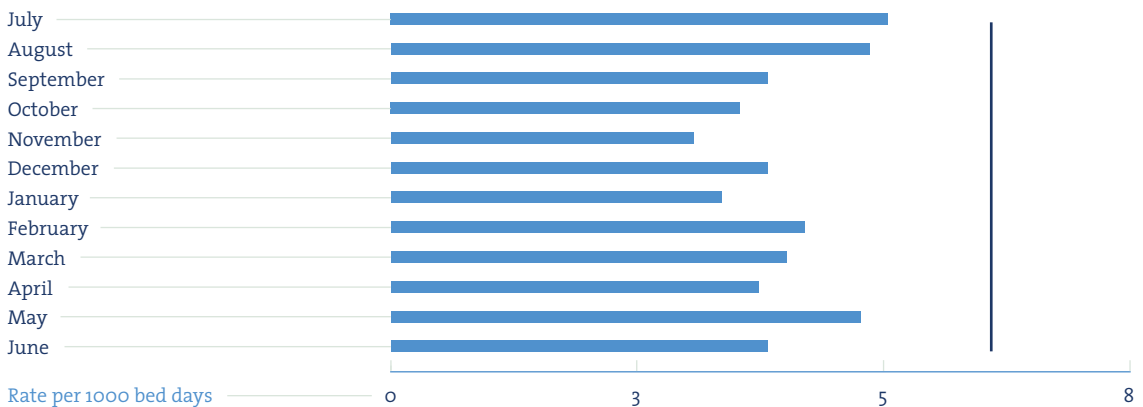
Each incident is then reviewed, investigated, risk rated and closed by the Department Head and Clinical Risk Manager.

By changing our reporting, we were able to identify that the most common intravenous therapy-related incidents were due to medication being issued at the wrong rate. We have since bought new medication administration pumps to address this issue.

How serious are the incidents?

Of the medication-related incidents reported in the past 12 months, 42 per cent were potential issues that were picked up before medication was given to the patient and 46 per cent were incidents that reached the patient but did not result in patient harm. A small number of incidents (11.4 per cent) were classified as a 'minor' risk requiring review and 0.3 per cent of incidents were of a serious nature.

Reported medication incidents per 1000 bed days ■ Actual — Benchmark



HOW ARE DEATHS IN THE HEALTH SERVICE INVESTIGATED?

A small number of patients admitted to health services die during their stay. When a person is approaching death, staff support patients and family members so that death occurs with dignity and without undue suffering.

St. Vincent’s employs a medical practitioner who reviews the medical files of all patients who have died in hospital. Most deaths occur from an incurable illness; however, occasionally unexpected deaths occur. These deaths are reviewed to determine whether there are any lessons that can be learned.

St. Vincent’s Mortality and Clinical Review Committee, made up of medical, nursing and executive staff, meet to discuss these deaths each month.

In some cases there may be an opportunity for others to learn from information about the case and its management.

What have we learned?

During 2007–08 some of the improvements we made as a result of reviewing patient deaths included:

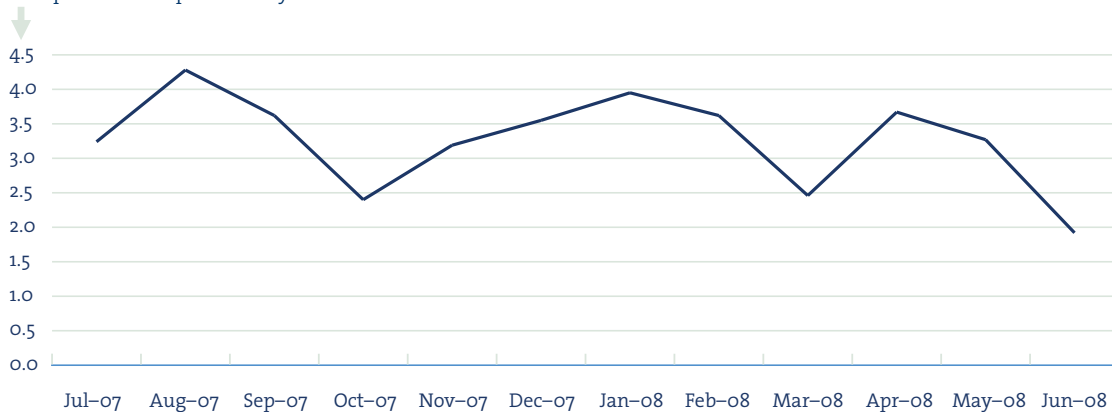
- Medical and nursing education with regard to calling for the assistance of the Medical Emergency Team (MET). The MET initiative grew out of a clinical trial and had not been formalised into policy. Therefore a policy was developed outlining the calling criteria and is now

a valuable resource on the intranet for all staff.

- Development of a policy for the transfer of acutely disturbed patients from the acute services building to our mental health service. The policy provides guidelines to clinicians to enable safe and timely transfer to psychiatric services when required.
- Development of a patient identification policy. This policy provides guidance to staff to be able to safely identify patients when they attend the health service and prior to any procedures being undertaken.
- Enhancement of the medical staff paging system to facilitate a more rapid response to emergency codes.
- Constant review of patient policies, procedures and treatment practices.

Mortality rate 2007 – 08

Rate per 1000 occupied bed days





INNOVATION

IN CARE

OUTPATIENTS HELPING YOU ACCESS OUR SERVICES FASTER

Around 70,000 people visit St. Vincent's outpatient clinics each year. We have more than 20 public clinics ranging from general medicine to specialist medical and surgical services including cardiology, dermatology, gastroenterology, neurosurgery, oncology, vascular surgery, respiratory, orthopaedics, infectious diseases, plastics, urology, haematology (blood), rheumatology, colorectal, endocrinology, nephrology (kidneys), hepatobiliary surgery (liver, gallbladder) and ear, nose and throat.

The clinics provide diagnostic support for general practitioners (GPs) as well as seeing patients before or after hospital admission and reviewing patients after surgery.

Demand for clinic services is steadily increasing so there is a need to optimise all allocated appointment times. Sometimes, patients might need a second appointment when they have not had all the necessary tests prior to coming to the clinic; for example, having x-rays or blood tests. This can delay treatment.

With this in mind St. Vincent's clinics started a project in February 2008 to review referral processes and communication with referring doctors. Guidelines were developed for GPs referring patients to the neurosurgical, gastroenterology, liver and urology clinics. The guidelines list what each clinic requires from a GP referral. This includes pre-visit preparation such as x-rays and blood tests. The guidelines also provide advice on the level of urgency of the referral.

The review team redesigned how referrals were managed by clinic staff to allow for timely communication with GPs. The team also developed letters to improve how blood test and x-ray results were transferred from the GP to clinic staff.

It is hoped that these changes will reduce the number of unnecessary appointments by improving the referral process for patients and communication with their GP. The guidelines and clinic waiting times are available for GPs on the internet (www.svhm.org.au/gp). Work will continue to develop guidelines for other speciality clinics.

Another new initiative is the skin triage clinic, which commenced in early 2008. This clinic is focused on the early detection and effective management of skin cancer. Approximately 50 new patients are assessed in the skin cancer triage clinic each week and 30 skin cancers treated. All diagnostic skin biopsies are performed during the consultation and around 80 per cent of skin cancer treatments are performed same-day.

NEW APPROACHES TO MANAGING ELECTIVE SURGERY

St. Vincent's treated a total of 4,013 elective surgery patients during 2007–08. Elective surgery is categorised by clinical urgency, where Category 1 is urgent, Category 2 is semi-urgent and Category 3 is not urgent.

The table below shows the number of patients treated in each elective surgery category for 2007–08 compared to 2006–07:

St. Vincent's received extra funding from the state and federal governments in January 2008 to treat an additional

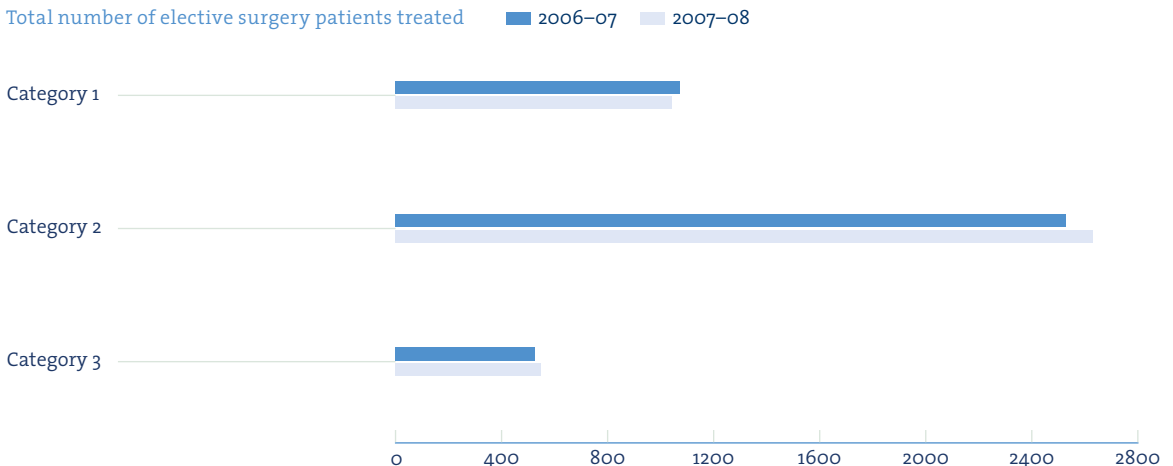
271 elective surgery patients. We used this funding to treat patients requiring neurosurgery, ear nose and throat, colorectal, upper gastrointestinal and plastics surgery. Patients who had experienced long waits were selected for surgery wherever possible.

In 2007 St. Vincent's participated in the Orthopaedic Waiting List (OWL), a statewide pilot project funded by the Department of Human Services. The project provided a model of care for patients with osteoarthritis of the hip and knee. It included a tool known as the Multi-Attribute Priority Tool (MAPT) questionnaire to help staff improve patient care and use resources more efficiently through better planning and resource management.

The team that assesses these patients includes rheumatologists, physiotherapists, nurses and clerical staff. The team's priority is to effectively manage and monitor patients from initial referral through to treatment. To date 384 patients have been seen in the OWL clinic and the team works to ensure patients receive appropriate care quickly.

St. Vincent's also runs the statewide Orthopaedic Elective Surgery Access Service (ESAS). We established this service in 2002 as part of a statewide government initiative to reduce waiting times for people requiring joint replacement surgery. It also helps prepare us for the forecast growth in demand for this surgery as Australia's population ages.

Total number of elective surgery patients treated



The service provides primary hip and knee joint replacement surgery for patients from the Victorian elective surgery waiting list who have waited longer than their target category wait times. In 2007–08 we treated 575 patients from across Victoria as part of this program, an additional 150 patients compared to the previous financial year.

St. Vincent’s received funding in December 2007 for a project officer to develop and implement a 23-hour model of care across elective surgery. This model of care is for patients who require no more than one overnight stay. It is not an alternative or substitute for day surgery, but an extension of services for patients unsuitable for day surgery. The project focused on reducing the average length of stay for specific procedures and streamlining the

patient discharge process while providing safe, effective and high quality care and treatment.

Thirty elective surgery procedures were selected as appropriate for the 23-hour model of care. Guidelines were produced for each of the nine elective surgery units involved. The guidelines include information regarding the procedure, carer details, discharge checklist and variance record. An education brochure was also developed for patients who were identified as suitable for this model of care. The brochure addressed issues such as discharge and carer requirements.

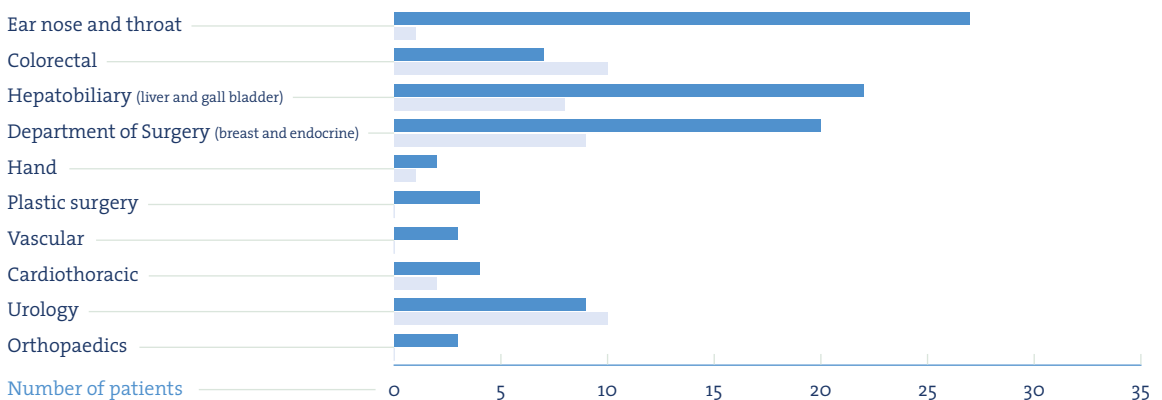
A trial of this 23-hour model of care began on 31 March 2008 and 142 patients had been treated by 20 June 2008 (see chart).

Of these 142 patients, 102 were discharged within a 23-hour period. Half of the remaining 40 had a clinical condition that delayed discharge. Delays relating to discharge scripts and follow-up care such as allied health services accounted for another 15 of these patients and delays in transportation home accounted for the remaining five. Strategies to streamline these processes are being developed.

The 23-hour model of care will continue to be used throughout St. Vincent’s to reduce the average length of stay for specific procedures and to improve discharge processes, which will ultimately improve the patient’s hospital experience.

Patients discharged in 23 hours by speciality

■ Within 23hrs ■ Greater than 23hrs



CARE MORE THAN SKIN DEEP

28



PROFESSOR ROD SINCLAIR

Mary Fraser was concerned when she noticed a lesion on her upper lip. Her autoimmune medication made her prone to skin cancer. A visit to her GP confirmed that she should have the lesion inspected. However she could only get an appointment at her local skin clinic in seven months time. Ms Fraser had read a newspaper article about St. Vincent's new skin triage clinic and informed her GP.

She says she was amazed when she had an appointment at St. Vincent's clinic within a week following her GP's referral. "I felt very relieved (after the appointment) because it was not a skin cancer and I felt quite confident that everything was fine."

The St. Vincent's skin triage clinic, which opened in January, is a new and innovative approach to managing dermatology services within the public healthcare sector. Professor Rod Sinclair, St. Vincent's Director of Dermatology says reduced waiting times for an initial appointment, from two weeks to one or two days for urgent cases, will ease patient anxiety. Many skin cancer treatments are provided on the same day and the new system aims to limit patient visits to two or three times. This development will especially benefit patients from regional areas.

The clinic anticipates treating 3000 patients in its first year, with demand for diagnoses and treatment of skin cancers expected to grow annually. The Department of Dermatology plans to build skin triage facilities as part of a new cancer centre at St. Vincent's with the capacity to treat 20,000 patients each year.

SUPPORTING NEW CANCER PATIENTS

More than 30 per cent of people with cancer experience social and psychological (psychosocial) distress for up to 12 months following their diagnosis. Despite this obvious need, there has not been a coordinated way of providing them with information or detecting their distress.

St. Vincent's social work and cancer services staff received funding from the Western and Central Melbourne Integrated Cancer Service to develop a sustainable way to provide individually tailored information, orientation and distress screening to all new cancer outpatients.

The pilot project provided 400 new patients diagnosed with lung, breast or bowel cancer and blood diseases with access to a social worker throughout their treatment. All patients were shown around the hospital, informed about the services available to them and given information on their type of cancer. They were screened for risk of distress and provided with appropriate care throughout their treatment and during follow-up.

Many patients received referrals to support groups, assistance to connect with other cancer patients and referrals to allied health services. They were also given help to navigate the healthcare system, support with financial and employment issues and assistance to communicate within their families and friendship groups. Some cancer patients received short-term therapy and some required specific or longer-term therapy provided by a social worker, psychologist or psychiatrist. A few cancer patients benefited from intensive therapy by a highly-trained psychosocial cancer specialist, depending on the nature of their condition.

This project was based on various models of psychosocial and supportive care that have been adopted nationally and internationally. The social work project manager developed a training package in collaboration with the cancer services team, which was then delivered to staff by specialist cancer nurses.

Patients appreciated the social and psychological care we provided, remarking: "It was very important to be accompanied by someone who knows how to navigate the system." Another said: "It was very personal – someone who knows you and the problem." One patient felt that: "It was great because you don't have to retell your story."

Providing tailored information and orientation to hospital services gave patients peace of mind and greater understanding of what their treatment involved. Patients observed that it "relieved my mind", "gave me hope" and "illustrated the preparation that goes into my care".

The specialist cancer counselling was particularly well-received by patients. One commented: "While the medical and nursing care has enabled me to fight cancer, the care and support this counselling service has provided to me and to my daughter has been the thing that has most enabled the survival of my family." Another said: "The support and tools I have received here have given me what I need to get through the survival stage of this journey."

What we have learned

The orientation and distress screening project shows how new cancer outpatients can benefit from psychosocial care, individualised information and hospital orientation.

Patients have highlighted the importance of the one-to-one nature of the program, the process for identifying their distress and receiving information relevant to their condition.

AT THE FRONTIER OF PALLIATIVE CARE

30



DR CARRIE LETHBORG

Cancer patients at the end of their life often struggle to make sense of their situation and to derive purpose from their existence. Dr Carrie Lethborg, a senior social work clinician at St. Vincent's, has been developing a meaning-based therapy to reduce distress in this group of patients and help them adjust. She published her PhD in this area and is leading international research in psychosocial-oncology.

Dr Lethborg has strong ties with colleagues around the world and in October 2007 was invited to visit the world-renowned Memorial Sloan-Kettering Cancer Center in New York. For over a decade the Center has been trialling meaning-based interventions for cancer patients to improve their adjustment and quality of life.

"The Sloan-Kettering Cancer Center does a lot of experimental treatment. For that reason it is an incredible place to learn," Dr Lethborg says. She hopes to take the best of their trials and develop an Australian meaning-based intervention strategy for a future model of palliative care.

For three months Dr Lethborg observed two research committees working on meaning-based therapy and the psychiatric and psychological aspects of ageing and cancer. She was also asked to analyse the transcripts of the meaning-based therapy sessions. Dr Lethborg is keen to further improve support for older people with cancer, possibly through a joint project between St. Vincent's and Sloan-Kettering.

"It was beneficial to immerse myself in what they were doing and how it was working," she says. "To spend time with so many others working in the same area is incredibly enriching."

However she says her time there also increased her appreciation of working at St. Vincent's, where the support for psycho-oncology research is integral to the work of the hospital and where research is owned by all oncology and social work department staff.

Dr Lethborg has assisted terminally ill patients and their families for 19 years specialising in family therapy, cognitive and supportive-expressive therapy and grief and bereavement counselling. Her work has helped shape understanding that a diagnosis of cancer impacts on every aspect of a person's life.

COACHING FOR BETTER HEART HEALTH

Chronic diseases account for more than 70 per cent of health problems in Australia. This figure is predicted to rise to 80 per cent by 2020 and highlights the need for people to self-manage their condition (Australian Government Department of Health and Ageing, 2006).

Health management coaching is a proven method of educating patients to achieve better heart health by managing their risk factor levels for chronic heart disease while emphasising lifestyle and drug treatment.

Of 348 Victorians with chronic heart disease who were hospitalised at St. Vincent's in 1999 – 2000, 26 per cent were able to achieve their cholesterol target six months after hospitalisation, 60 per cent achieved their blood pressure target, 25 per cent reached their body mass index, 85 per cent stopped smoking, 19 per cent kept to their target saturated fat intake and 74 per cent walked for exercise. A four year review identified that coaching reduces hospital admissions by 16 per cent and the length of hospitalisation

by 20 per cent compared to usual methods of care.

The National Chronic Diseases Strategy 2005 identified the importance of self-management in the prevention and care of chronic diseases.

Self-management programs empower patients by providing information, and teaching skills and techniques to improve self-care and doctor–patient interaction with the ultimate goal of improving quality of life. Patients adhere better to treatment, use health services less and report better health.

The coaching process

The coaching process involves finding out what the patient knows and advising them on risk factors, targets and treatment. Patients are referred to medical practitioners for blood tests, results, prescriptions and changes in medication or dose. An action plan is developed and goals are set to be achieved by the next coaching session. This is reinforced by education material and reviews.

Future health coaching at St. Vincent's

The health management coaching service will be expanded for all patients. We will establish a coordinated approach to risk factor management including a cholesterol clinic, stop smoking strategy, telephone coaching and cardiac rehabilitation. Behaviour

change will be a focus as well as emphasising education, compliance and monitoring. Our telephone coaching service will trial the use of telephone interpreting for culturally and linguistically diverse patients.

Managing patient distress

Patients with a type of blood cancer called myelodysplasia need repeated transfusions of blood to maintain their level of oxygen-carrying haemoglobin to prevent extreme tiredness.

Nursing staff at St. Vincent's day oncology unit were concerned about the distress levels of these patients when their haemoglobin dropped. They used a screening tool to assess the patient's distress and ability to function in the community. Transfusions were given when haemoglobin dropped below a critical level.

All patients reported that their quality of life improved when haemoglobin levels were kept above the critical level and found that having a transfusion plan made a positive difference to their care. They also found it helpful to have a nurse to contact if they had concerns.

An individual transfusion plan is now standard practice at St. Vincent's for patients with myelodysplasia. These results were presented at the National Cancer Nurses Society of Australia meeting.

SUPPORTING PEOPLE WITH MENTAL ILLNESS

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Focus on consumers in mental health management

St. Vincent's Mental Health adopted a new model of case management in 2005 that focused on the consumer. This new approach supported consumers to identify their goals and use their personal strengths and the resources of their community to achieve them.

The new model started in stages. Our planning and preparation included staff training and consultation with consumers, carers and community agencies that support consumers.

The case manager and the consumer together develop a personal work plan and identify what resources are needed. Case managers focus on a person's ability to creatively use their own strengths and community resources to cope from day to day in ways that promote self-improvement and community integration.

This model reflects our commitment to providing quality clinical care and achieving the best possible results for our consumers. St. Vincent's Mental Health was a winner in the recent Sisters of Charity Health Service National Awards. The team won the quality award for this case management initiative.

Impact on consumers

Mr S was one of the first clients introduced to this new model. He was aged 40 and suffered from chronic paranoid schizophrenia for many years and had spent time in prison. He would attend appointments grudgingly and then decline to interact with clinicians.

Mr S was very sceptical when invited to work with his case manager in the strengths assessment and goal planning process. He believed that the only role of mental health services was to provide, or in his case enforce, treatment. Initially Mr S insisted that his case manager decide what his goals should be. During discussions he mentioned that he used to enjoy fishing but had not done so since his custodial sentence. Mr S began buying a fishing magazine and then decided to join a fishing club. He now goes fishing regularly.

Since then Mr S has been working steadily towards his goals, which include saving to

buy a car which would give him greater independence. He has also returned to his favourite fishing spot. After years of social isolation Mr S initiated conversation with a neighbour, as one of his goals was to enquire whether the neighbour would be interested in a fishing day trip. Mr S maintains a relationship with his neighbour.

Importantly, he now has a positive relationship with his treating team and will seek and initiate contact. He still does not accept that he has a mental illness, but as a result of his improved relationship with the treating team he was able to negotiate a change in medication from injections to tablets.

Group programs in mental health

Groups were an integral part of inpatient treatment in mental health until the 1990s when their use began to wane. St. Vincent's Mental Health inpatient service has maintained a group program which we believe is an important part of treatment. Our group program was extended and revitalised in 2005 following an increase in patients leaving hospital against medical advice and to reinvigorate the therapeutic culture. Now we have 30 to 40 groups a week, including some held in the evenings and at weekends.

Why groups?

Groups have found their way back into mainstream practice because research evidence shows that they benefit mental health service users. Consumers have also been vocal in calling for a return to groups in mental health treatment as a way of extending therapy beyond pharmacology, overcoming boredom and providing a useful activity. Extending our program has allowed consumers to use their time in the mental health unit in ways that they feel will benefit them in their daily lives.

The group program

Our group program is an integral part of our commitment to the national standards for mental health, as set out in the National Mental Health Strategy. It meets many of the guiding principles of the standards and has contributed to an improved quality of life for consumers in the mental health unit.

The program offers a wide range of high quality groups focused on different interests. They include groups focused on outings, cooking and gardening; education groups regarding medication, drug and alcohol use, admissions and discharge planning; psychotherapy groups such as the imagery of self, spirituality and life issues, distress tolerance

and psychodrama; artistic and expressive groups such as painting, drumming and ceramic art; and family and carer education and support groups. Attendance is encouraged as part of therapy and treatment while in the mental health unit.

The program is made as accessible as possible by opening the groups to all consumers and by making them flexible to suit different levels of concentration and understanding. The program also provides groups in the extra care unit for consumers who are particularly vulnerable or most at risk of self-harm. This element of the program is unique to our service.

The program team

The program is run by a core group of staff assisted by multidisciplinary specialists. The whole team comprises occupational therapists, nurses, pharmacists, doctors, social workers and psychologists, as well as group facilitators who volunteer their time. They have included artists, poets, yoga teachers and massage therapists.

Responding to consumer need

Consumers have always been encouraged to speak with program staff either in private or at our weekly community meeting, where consumers and relevant staff discuss important

issues regarding the mental health unit. Each group facilitator encourages regular feedback from participants to see how the group could be improved. Staff are also encouraged to attend these groups and to provide feedback. The consumer and carer consultants in the mental health unit are another important part of the evaluation process.

Program evaluation

The program was formally evaluated several times between 2005 and 2007. Consumer feedback showed that overall the program improved their wellbeing. In particular, they identified the program as being useful for improving symptom management and social skills. Their feedback also confirmed that the program is beneficial in improving the quality of the person's stay in the mental health unit.

We are in the process of a major evaluation that is seeking feedback from all group participants as well as all inpatient staff. We hope that by the end of the year we will have data that will help us better target resources to meet the needs of consumers.

ACCENTUATING THE PHYSICAL

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PROFESSOR DAVID CASTLE

Having a serious mental illness makes living with obesity, hypertension, diabetes or being a smoker more difficult. Life expectancy can be reduced by 20 years and the healthcare system does not always support mental health patients to identify and manage their physical health problems.

St. Vincent's Mental Health has developed a metabolic monitoring system to improve the health and wellbeing of its consumers. Health checks every six months include blood tests and measuring their weight, waist and blood pressure. If any problems are identified the clinician works with the consumer and their general practitioner to develop strategies for healthier living.

Staff also learn how to better manage their patients' health needs through information and education sessions.

Professor David Castle, Chair of Psychiatry, sees the program as the most comprehensive of its kind. "We have done a lot of work with consumers, carers, staff and the mental health service overall in raising awareness and developing a number of interventions such as the Healthy Lifestyles program." The program specifically targets smoking, diet and exercise.

"Consumers have embraced the program," he says. "In psychiatry, there is a feeling we should be dealing with the mind and not so much on physical issues but patients are responding to us taking their physical health seriously."

Bridget Organ, Manager of Primary Mental Health, says the program strengthens the partnerships between the service, consumers and general practitioners. "It raises awareness that physical health is something we cannot ignore. It brings together the mental health and physical health relationship in a very strong way."

SUPPORTING PEOPLE WITH DUAL DISABILITIES

In the community about 1 per cent of the population has an intellectual disability. People with an intellectual disability are at increased risk of experiencing the same range of mental health problems that are found in the non-disabled population. Mental healthcare for this population is complex and requires input from mental health and disability practitioners.

The Victorian Dual Disability Service (VDDS) is a statewide assessment and consultation service for people with an intellectual disability and mental illness.

The VDDS is funded by the Mental Health and Drugs Division of the Department of Human Services and is managed by the mental health programs of St. Vincent's and Melbourne Health.

The Victorian Dual Disability Service Enhanced Regional Service Response (ERSR) is a three-year collaborative service redevelopment project between Disability Services, the Mental Health and Drugs Division and the VDDS.

The purpose of the ERSR is to improve consumer access to state funded mental health and disability services and to build capacity to more effectively identify, screen and manage the mental health needs of people with an intellectual disability who have a diagnosed or suspected mental illness (dual disability).

The screening clinic enabled the early identification of those people who required psychiatric review before behavioural interventions could be considered. This allowed for the identification of specific mental illness such as depression that could have the effect of exacerbating longstanding behavioural problems. By undertaking this process the ERSR was able to increase the efficiency of Disability Services operations and assist clients gain access to the most appropriate service to meet their needs.

Key findings from the first year of operation include:

- referrals to the service come from a wide range of sources including disability services, mental health services, GPs, non-government organisations, carers and private psychiatrists
- measures of mental health and wellbeing demonstrate that consultation from the service makes a contribution to improving mental health and wellbeing
- ERSR training boosted the knowledge and confidence of staff when working with people who have a dual disability.

ONE MAN'S JOURNEY

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MAHDI ALKOURASHI

Mahdi Alkourashi's arrival in Australia almost 15 years ago as a refugee from Iraq was the end of a long and tumultuous journey. He was drafted into the Iraqi army during the country's war with Iran after finishing his university studies in agricultural science. He joined the uprising against Saddam Hussein and was labelled a traitor. Mr Alkourashi fled the army and navigated his way to safety under the cover of darkness.

After three years in a refugee camp, Mr Alkourashi had the opportunity to be resettled and chose Australia, having studied Australian farming methods during his degree.

Mr Alkourashi's life changed again when a car accident three years ago left him with

numbness and chronic pain in his neck, shoulders, lower back and elbow. Painkillers became his constant companion and each day was a struggle. His injuries prevented him from working and he found it difficult to participate in the activities he once enjoyed. Although the painkillers went some way to keeping the pain at bay, they did not help his growing depression, feelings of hopelessness or panic attacks. He realised he could not continue this journey alone.

Mr Alkourashi was referred to the Barbara Walker Centre for Pain Management based at St. Vincent's. The centre's START program supports patients to overcome the mental distress and disability of their chronic pain.

Patients are taught breathing and relaxation techniques,

shown effective ways to exercise and stretch, given information about medication and how it works and educated about the psychology of pain.

The program was a breakthrough for Mr Alkourashi. He ended his dependency on painkillers by learning to recognise the signs of oncoming pain and knowing what to do to stop from reaching for them. "When I think of medication I take deep breaths, distract myself, do some slow exercises or relaxation techniques, or take a bath."

Although he is not working at the moment, Mr Alkourashi is a keen volunteer at St. Vincent's. He is also planning to study part-time for a Master of Arts with a focus on translation and interpreting.

MANAGING CHRONIC PAIN

The Barbara Walker Centre for Pain Management was established in 1998 at St. Vincent's as a specialist, statewide referral service for the treatment of patients with chronic pain not caused by cancer.

Services are provided from sites at Fitzroy and Geelong, where approximately 1,100 new patients attend each year. Patients may visit the centre once or for several months.

The centre's approach to managing chronic pain is to focus on the biological, psychological and social influences on a patient. Patients are assessed by a multidisciplinary team involving medical, nursing, psychology and physiotherapy staff along with their primary caring physician, commonly a general practitioner. A coordinated treatment plan managed by the patient's doctor is then developed.

Patients may start an individual pain management program supervised by the multidisciplinary team, or participate in a group program called START (Selected Targets of Activity Re-Training). The focus of START is to overcome the distress and disability associated with chronic pain, not to reduce or cure pain.

The program operates over three weeks and involves patients attending the centre from Monday to Friday. Patients must meet certain criteria to be able to join the program. The program involves setting individual goals and patients are required to see staff daily.

Patients are extensively assessed at the beginning and end of the program, and at one, six and 12 months. Annual assessments continue for four years if required.

If you feel that you would benefit from attending the centre, please discuss a medical referral with your local general practitioner.

CHANGING LIVES THROUGH RESEARCH

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At St. Vincent's we are working to convert scientific discoveries and results from clinical trials into new therapies to improve community health. In 2007 almost 390 significant research findings were published in leading research journals, with more than 287 projects either in progress or completed.

A snapshot of our projects illustrates how research is being applied to improve ongoing treatments, services and patient results:

- We are developing more effective treatment for drug and alcohol addiction by exploring young people's abuse of alcohol.
- Research continues into dementia and managing elderly patients with mental disorders.
- Changes in health care have refocused our allied health research efforts on aged care, recovery, rehabilitation and carers as partners in care.
- Research by St. Vincent's social work and Koori Hospital Liaison Officer program is focusing on Aboriginal health and an ageing population.
- We seek to improve the quality of life of patients in our residential care facilities through studying nutrition.
- Our work in physiotherapy includes stroke care research. In particular, physiotherapy assesses patients recovering the ability to walk safely outdoors.
- A key project in our rehabilitation services supports patients to achieve their own goals and return to their preferred lifestyle in the first year after a stroke.
- We are developing improved training guidelines along with research into pain management in one of our anaesthesia projects.
- An average of 44,000 women were screened to detect breast cancer at an early stage to increase survival rates.
- New cardiology techniques are being developed for non-invasive assessments of patients with heart failure and pulmonary hypertension. This research includes studies on the cardiac effects of endurance exercise. In addition, the clinical trials unit is involved in numerous local, national and international trials assessing new devices (especially stents) and new procedures.
- Ongoing research in dermatology focuses on skin disease, skin cancer, photobiology, skin ageing and hair follicle regeneration.
- Research in emergency medicine has a particular focus on psychosocial (social and psychological) issues, mental health, medical education and public health.
- St. Vincent's endocrinology and diabetes unit is examining insulin resistance, the biology of cortisol action, pituitary disease and mechanisms regulating bone formation.

- Our gastroenterology unit has the largest number of patients with chronic inflammatory bowel disease and has been actively involved in a number of international clinical trials in the management of new treatments.
- Clinical research in blood diseases (haematology) complements our growing patient-referral practice that extends to suburban and country outreach clinics, with new therapeutic trials started for malignant haematology.
- The Immunology Research Centre continues its extensive research program including transplant immunobiology.
- Our integrated care team is evaluating the treatment response and assessment of aged care to improve patient and carer quality of life and health.
- The Frameworks for Health program focuses on developing evidence-based treatment for schizophrenia, problematic substance use and psychosis, bipolar affective disorder and parents with a mental illness who have children aged up to five years.
- Our intensive care unit research program includes assessing inhaled heparin to prevent clotting in critically ill patients who have acute lung disease.
- We are researching how to improve the accuracy and quality of radiological readings to reduce errors in medical imaging.
- We have more than 30 research projects in mental health including evaluating a new model of early intervention for psychosis.
- Our neurosciences department runs a dedicated clinic for muscle disease, neuroimmunology, movement disorders and epilepsy. In May 2007 the department held its first Excitable Cells Research Retreat for more than 120 delegates. Discussions focused on multiple sclerosis, neuromuscular disorders, epilepsy, neuroimaging, tissue engineering, stem cell research and neural repair. Another event is planned for 2008.
- A focus of our nursing research is on innovative models of care, risk assessment and management, especially for cardiovascular disease.
- We have more than 40 clinical trials in progress to assess new drugs to improve cancer management.
- Our research in orthopaedic surgery continues to improve knowledge of bone tumour biology by seeking new treatments to reduce drug toxicities and improve survival. Our experience managing several hundred patients with tumours per year also allows us to develop innovative ways to operate without amputating. It also gives us the necessary clinical data to improve patient management.

- St. Vincent’s palliative care department is developing a statewide coordinated specialist and general palliative medicine training program. It also has national funding to assess hospital-based group education to help family care givers manage their role and to improve their social and psychological wellbeing.
- In 2007 our prosthetic and orthotic department was the inaugural winner of the International Society for Prosthetics and Orthotics research grant. This project will explore the differences in the walking characteristics and energy use of locked knee ankle-foot orthoses versus stance control knee ankle-foot orthoses.
- Our respiratory medicine department has long maintained a register of patients with an uncommon form of hereditary emphysema and is collaborating in three multi-centre research studies investigating the efficacy and safety of treatments for this condition.
- St. Vincent’s rheumatology group was among the first to put forward the concept that osteoclasts (bone cells) might be targeted therapeutically to prevent inflammatory bone damage. The group successfully achieved this goal with anti-TNF (anti-inflammatory) therapies and recent clinical drug trials.

Full details on these and other projects are available from St. Vincent’s June 2006 – December 2007 research report. The report also includes information on research projects in our partner organisations on the St. Vincent’s site including the University of Melbourne’s Departments of Medicine, Surgery and Psychiatry, St Vincent’s Institute and the Bernard O’Brien Institute of Microsurgery. You can download the report from our website. Go to www.svhm.org.au and click the publications link.

A NEW LIFE FOR ELAINE



ELAINE ROBINSON

Elaine Robinson has every reason to smile. In December 2007, the 54-year-old Glen Waverley woman became the first Victorian to be successfully transplanted with insulin-producing islet cells. The transplant, which was performed at St. Vincent's Hospital, is part of a clinical research program led by St Vincent's Institute's Professor Tom Kay.

In April, Ms Robinson received her second transplant with excellent results; she is producing her own insulin for the first time in 26 years and no longer needs to inject insulin. Ms Robinson is now back playing golf and is working part-time.

Ms Robinson has an unstable form of type 1 diabetes, where blood sugar levels drop suddenly to dangerous levels without warning.

The transplant program is currently aimed at people with this unstable form of diabetes but further research may lead to a more generally available clinical procedure.

"I am really looking forward to a life without the worry," Ms Robinson says. "There were times when I was unpacking the shopping one minute and the next thing I knew I was waking up on the kitchen floor having lost consciousness."

The transplant involves extensive collaboration between transplant doctor Associate Professor David Goodman, transplant coordinator Charlotte Hurburgh, endocrinologist Associate Professor Glen Ward and the St. Vincent's endocrinology and renal teams.

The transplant involves the transfusion of islet cells into the liver under local anaesthetic using ultrasound to guide the needle.

The islet cells are taken from a donor pancreas. They are harvested and prepared at St Vincent's Institute by a team led by Dr Tom Loudavaris. When injected they graft themselves to a lobe in the liver and produce insulin in response to blood sugar levels, just as if they were in the pancreas.

The St. Vincent's program is part of the Australian Islet Transplant Program funded by the Australian Department of Health and Ageing and the Juvenile Diabetes Research Foundation, supported by the personal generosity and determination of its President, Dr Susan Alberti AO.



CARING FOR OUR
COMMUNITY

Health and wellbeing in residential care

Older people are at risk of poor nutrition and dehydration, fluid inhalation and can have limited opportunity for physical activity.

Well for Life is a Victorian Government funded program that aims to improve the health and wellbeing of older adults in the community and in residential care. St. Vincent's received funding to run a Well for Life program at our residential facilities Auburn House and Riverside House.

The program promotes social interaction and physical wellbeing amongst residents. It develops staff knowledge and awareness of physical activity, nutrition and swallowing difficulties in severe dementia. Staff also learn more about dietetics, speech pathology and physiotherapy.

Managers and staff were invited to attend an information session and participate in the program. Residents' families

were informed and also invited to participate in the six-week program of structured physical activity and an afternoon tea. Staff were trained to use a swallowing and nutrition checklist to identify residents at risk of choking, fluid inhalation, malnutrition and dehydration. Evaluations were completed weekly and at eight weeks.

Residents enjoyed greater interaction with each other, staff and their families. One resident's daughter saw her father dancing for the first time in nine years. Staff reported increased job satisfaction and were more aware of the role of dietitians, speech pathologists and physiotherapists. Allied health practitioners had the opportunity to increase staff knowledge about nutrition, swallowing, mobility risk factors, and management strategies. This in turn allowed them to make better use of their time during visits.

Program results were presented to managers, residential care staff and general health service staff at the St. George's clinical meeting in December 2007. Staff at Auburn House and Riverside House will continue the weekly Well for Life sessions.

Angels at St. Vincent's

Angels at St. Vincent's is an award winning program that matches volunteers with older patients to help reduce the incidence of falls. Angels also provide social interaction and a familiar, friendly face to help reduce patient anxiety.

In the past 12 months, Angels at St. Vincent's has been nominated for a Sunraysia Community Health Services award and was a finalist for the quality award in the Sisters of Charity Health Services 2007 National Awards.

Angels at St. Vincent's has been so successful that no falls have occurred while an Angel has been present since the program was introduced in 2003.

There are 29 Angels working across St. Vincent's and St. George's and another 13 undergoing training. Angels are clearly identified by the special purple lanyards worn around their necks.

PROTECTING OLDER PEOPLE FROM MEDICATION HARM

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Older patients can have complex medical and social needs. During 2007–08 St. Vincent’s led a statewide project funded by the Department of Human Services that aimed to reduce medication-related functional decline in older people. Functional decline is the decrease in physical or mental capacity that may happen to older people during hospitalisation. It is the leading complication of hospitalisation for older patients. Hospital care should support functional ability and wellbeing.

Background

In Australia, 15 to 22 per cent of unplanned hospital admissions of older people involve medications. Problems involving medications are also the cause of 29 to 35 per cent of unplanned hospital readmissions of older patients.

The most common medication-related incidents requiring hospitalisation are falls, postural hypotension (low blood pressure), heart failure and confusion.

Patients can have their medication changed several times while in hospital. Research shows that poor communication of these changes when patients are transferred between wards or home is responsible for 50 per cent of all medication errors in hospital, and up to 20 per cent of harmful medication incidents.

Older people must have their medication use carefully planned and monitored. Age can affect the way the body handles medicines, and older people may have to take a number of different medications. This places them at risk of harmful drug effects. Medications may also be prescribed by different doctors and hospitals and this is further complicated by the possibility of the person taking self-prescribed over-the-counter medications, drugs for a previous illness, or even drugs prescribed for another person.

Strategies for improvement

St. Vincent’s tested the use of a medication history and reconciliation form, a medication communication form and a medication risk screen in partnership with five other metropolitan and regional hospitals. Results have been promising. This year we are working towards using the medication history and reconciliation form to improve communication between health professionals about medications when patients are transferred between wards or discharged. The patient or carer is also encouraged to be involved in decision making and communication relating to medications.

The most important messages for older people are:

- always carry an up-to-date list of medications
- wherever possible use only one pharmacy
- wherever possible visit only one general practitioner.

A PLACE TO BE



AUBURN HOUSE RESIDENT
BETTY ILIC

The Men's Shed has captured the imagination of communities around the country as a means to address men's health issues, isolation, loneliness and depression.

St. Vincent's Auburn House has taken the idea a step further and created a 'Residents' Shed'. For recreational therapist Danielle Harris, it's all about creating a familiar environment that supports and encourages the interests of their elderly psychiatric patients. "It provides residents with activities that affirm their identities and helps them reconnect with those activities they have previously enjoyed," she says.

A variety of tools hang along the walls, sporting equipment line the shelves, and an old radio can be found on the bench. The shed has also been carefully assessed

to ensure residents' safety. Gardening, parquetry, making mosaics, sanding, leatherwork and tinkering with bits and pieces are some of the activities they can enjoy. "Several residents who have not been able to participate on a physical level have been in there feeling and smelling the leather," Ms Harris says.

In recent months several areas in Auburn House have also been transformed by the creativity and ingenuity of staff. Ms Harris, who coordinated these activities, describes the 'nursery' area where dolls, cots, a pram and other baby items have been assembled. "Often women with dementia will respond quite well," she says. "We have many women in aged care whose role was rearing children."

The music space is for the men. Giant notes adorn the walls and

a record player emits a familiar crackly sound. Many of the men express their love of music by repeatedly playing old records donated by family and friends.

An old Singer sewing machine takes pride of place in the craft corner. Baskets of wool, fabric, knitting and sewing patterns and buttons create a visual and tactile experience for women, many of whom previously enjoyed craft work.

Tending the vegetable garden brings everyone together. Residents need little encouragement to help pick lettuce for a salad or to plant the next bed of vegetables. "Participation in all these activities is increasing – they want to go out into the garden, put on a record or pick up some knitting needles," she says.

INITIATIVES IN INDIGENOUS AUSTRALIANS' HEALTH

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At St. Vincent's we want to continue providing excellent care to Aboriginal and Torres Strait Islander patients. We do this through promoting partnerships and links with organisations directed by the Indigenous Australian community, and we draw on the direct cultural expertise of St. Vincent's Indigenous staff. Our health initiatives for Indigenous Australians are jointly coordinated through the Mission directorate and St. Vincent's Koori Hospital Liaison Officer (KHLO) program.

Key achievements

Our KHLO program and social work department hosted a Close the Gap morning tea for hospital staff. The morning tea aimed to raise awareness about the gap in life expectancy for Indigenous and non-Indigenous Australians using information provided by Oxfam.

St. Vincent's raised the Aboriginal flag to mark national Sorry Day, Reconciliation Week and NAIDOC (National Aborigines and Islanders Day Observance Committee) Week. The Aboriginal and Torres Strait Islander flags were also displayed at the entrance of the main inpatient building during NAIDOC Week. Emails were sent to St. Vincent's staff to promote understanding of the significance of these important events and to build cultural awareness.

In early 2008 St. Vincent's bought a painting, *Yiruk (Wilson's Promontory)*, from local Aboriginal artist Ray Thomas. The painting is in the waiting area of the emergency department, one of the key areas providing services for Aboriginal and Torres Strait Islander patients. The painting provides a welcoming environment for patients, families and the community.

The KHLO is working with patient services clerks to increase the identification of Aboriginal patients. This will support better service provision for this community. It has also developed a training module on local Aboriginal history for all St. Vincent's staff following the suggestion by our Aboriginal Health Advisory Committee (AHAC)

that this is an important part of staff education.

AHAC membership has included three St. Vincent's directors and the chief executive officers of three local Aboriginal community organisations. The role and membership of this committee is being reviewed following significant changes to staffing at St. Vincent's and local Aboriginal organisations.

Social workers and the KHLO continue to work together to improve the discharge and follow-up care of Aboriginal patients using a discharge communication tool. This tool is used in collaboration with patients and staff at local Aboriginal community-controlled organisations.

In February 2008 St. Vincent's established the part-time position of coordinator of Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) to focus on continuing our ICAP initiatives. The coordinator and the KHLO are visiting local Aboriginal community-controlled organisations to meet staff and to strengthen existing inter-agency relationships.

At St. Vincent's we believe that the care and support of patients extends beyond their physical comfort. We provide supportive care services for patients with terminal or long-term illness and for families who have lost loved ones.

A bereavement resource kit initially developed for use in the palliative care setting has been adapted by Pastoral Care staff for use across the acute care setting. This provides a valuable resource for supporting bereaved families. The kit includes information about:

- understanding your grief
- grieving children
- arranging a funeral
- practical matters to consider
- resources e.g. bereavement counselling contacts.

Pastoral Care highlights

St. Vincent's Pastoral Care Creative Arts Program at Caritas Christi Hospice in Fitzroy received high commendation in the Australian Council on Healthcare Standards (ACHS) accreditation and was nominated for the Sisters of Charity Health Services 2007 National Awards.

The Pastoral Care team and the Cultural Diversity Committee hosted a seminar on Death and dying: Caring for the needs of those from our diverse community in October. The forum invited speakers from the Buddhist, Jewish, Greek Orthodox and Muslim faiths to speak on the appropriate care of patients and families at the end of life. These groups were identified as the four faith traditions most often represented among St. Vincent's patient population outside the main Christian traditions.

A Pastoral Care brochure is now available to patients and their families. It covers:

- what is Pastoral Care?
- times when you may find it helpful to speak to someone from Pastoral Care
- religious services
- visiting chaplains
- chapel and quiet room
- services of remembrance.

We are now planning to have this brochure translated into other languages.

You may find it helpful to speak to someone from Pastoral Care:

- when you are struggling with the emotional or spiritual aspects of illness and transition
- in times of grief, sadness and despair
- when you are feeling anxious and fearful
- when you are struggling with decision making
- if you are feeling lonely and isolated and would like someone to listen to your story
- when you would like to talk about any aspect of your life
- to talk about aspects of your belief or questions of faith
- for spiritual nourishment and support through prayer, reflection, meditation, blessing or sacraments such as the Eucharist (Holy Communion), Reconciliation and Anointing
- to arrange for a representative from your faith community to visit you.

REACHING OUT TO OUR CULTURALLY DIVERSE COMMUNITY

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St. Vincent's Cultural Diversity Committee works to help our staff better understand and appreciate the different cultural backgrounds of our patients. The committee's efforts were commended by the Australian Council on Healthcare Standards when we were surveyed in 2007.

Understanding client needs

The Cultural Diversity Committee organised a lecture together with the Victorian Foundation for the Survivors of Trauma and Torture to help staff better understand the trauma that some refugees have suffered and continue to carry with them.

St. Vincent's transcultural services coordinator has developed several cultural training workshops to broaden staff understanding of how diverse cultures regard health issues such as pain, diet, the role of the patient, and death and dying.

The training, which will be delivered later in 2008, will help all staff to respond effectively and sensitively to patient needs. The workshops are part of our commitment to meeting the requirements of the Department of Human Services (DHS) cultural diversity plan through cultural awareness training.

Building multicultural partnerships

As part of national Harmony Day celebrations this year, staff were invited to a talk at St. Vincent's by Melbourne photographer Michel Lawrence. Mr Lawrence was commissioned by the VMC to photograph Victorians from diverse cultural backgrounds for an exhibition and book, *All of Us*, launched at Federation Square on Australia Day.

Using language services effectively

St. Vincent's interpreter services provide professional interpreters to clinics and departments so all patients have access to health information. We have added Spanish and Portuguese to our services, bringing the total number of languages to eight. The most requested languages are Vietnamese, Mandarin and Cantonese, Greek, Italian, Arabic and Hakka.

This year St. Vincent's developed and delivered an interpreter training course for bilingual people working as interpreters in rare and emerging languages, with special funding from DHS. As these languages are not currently accredited, there is no benchmark to assess the competence of interpreters. This has health and safety implications for newly-arrived refugees from the Horn of Africa or continental Africa who require interpreters to communicate their often complex health problems.

This project was developed in partnership with The Royal Women's Hospital to improve interpreters' knowledge of health terminology and their understanding of ethical and interpreting issues. The course will hopefully serve as a model for other hospitals to raise awareness of the quality and safety issues around interpreting for recently-arrived refugee and migrant patient populations.

Celebrating diversity

Each month we notify staff through the intranet about upcoming cultural and religious celebrations and festivals, such as World Day for Cultural Diversity on 22 May.

St. Vincent's General Practice (GP) Liaison Unit works closely with GPs and practice nurses to enhance communication between GPs and the hospital and build better integration of care.

Practice nurses, who are increasingly involved with aspects of care such as chronic disease management, immunisation, cervical screening (pap smears), triaging emergency and wound management, are an important audience for the GP Liaison Unit and participate in many of our education programs.

In the past 12 months, our GP Liaison Unit ran a number of education sessions including:

- trauma update for GPs
- emergency update for practice teams
- tour of the emergency department
- skin cancer update – hands on up-skilling.

The dedicated GP Access section of our website – www.svhm.org.au/gp – has grown to become the primary means for communicating with GPs and practice nurses who use this resource to access referral templates, information on our education sessions and other tools such as the HARP (Hospital Admission Risk Program) 1300 number.

Sharing ideas

Our GP Working Group meets bi-monthly, bringing GPs, practice nurses and St. Vincent's staff together to discuss ways to enhance patient care. Topics that have been discussed by the group have included mental health services, outpatient reform and aged care.

Keeping GPs in the loop

We aim to inform GPs if their patient has been discharged from hospital within 48 hours of patient discharge and in the past 12 months we have introduced a new computer system to aid with this process.

The new system includes an online discharge summary form that has drop-down menus making it quicker and easier to complete, while also allowing us to track our communication with GPs. Our interns have embraced this system, including the online prescribing function which means an end to hand-written scripts.

The system is in its early stages and while initial results are promising there is still room for improvement. By introducing monthly reports to the heads of units, these managers can work with the Chief Medical Officer to identify ways their unit can improve the time it takes to notify GPs.

We are also planning to introduce a new system for notifying GPs of patient deaths. This was introduced as a six-month trial in August 2008.

PROVIDING FOR THE HEALTH NEEDS OF PRISONERS

50

St. Vincent's has provided correctional health services for the past 25 years. The Sisters of Charity started the tradition back in 1821 in Ireland and have continued to provide this often challenging service.

We currently provide healthcare to three prisons in Victoria:

- primary (outpatient) services at all sites including medical, primary and mental health nursing services, dental, physiotherapy, optometry, podiatry and audiology
- secondary and tertiary (inpatient) services for all Victorian prisoners.

During 2007–08 we had 1,067 inpatient admissions, an increase of 9.4 per cent. We also had:

- 7,095 health screenings
- 82,209 primary (outpatient) visits
- 1,069 patients managed on chronic healthcare plans.

How have we improved correctional health services?

We are reviewing how medication deliveries are managed and now have approval for an electronic prescribing system for all St. Vincent's correctional health sites. This will reduce the risk of error and improve the service to patients by reducing the time taken for the prescription to be dispensed to each patient.

We have reviewed how we collect data so that we can better match activities such as patient admissions, discharges and assessments to service requirements.

A nurse unit manager has been appointed to St. John's inpatient unit to improve services for patients who are transferred between the secondary and tertiary correctional health services.

We are reviewing the chronic health care plan to improve the management of patients with chronic disease such as asthma and heart failure.

We have also implemented St. Vincent's patient administration system to the inpatient units at correctional health sites. Each patient will have a hospital admission number to allow for the collection of data as required by the Department of Justice.



- 1 St. Vincent's Hospital, Fitzroy
- 2 Caritas Christi Hospice, Kew
- 3 Prague House, Kew
- 4 St. George's Hospital, Kew
- 5 Normanby Unit, Kew
- 6 Auburn House, Hawthorn
- 7 St. Vincent's Correctional Health, Laverton
- 8 Hawthorn Community Mental Health Centre
- 9 Clarendon Community Mental Health Centre, East Melbourne
- 10 The Footbridge, North Fitzroy
- 11 Cambridge House, Collingwood
- 12 Riverside House, Richmond
- 13 Boroondara Community Rehab Centre, Camberwell
- 14 Darebin Community Rehab Centre, Northcote
- 15 Cambridge Community Rehab Centre, Richmond
- 16 St. Vincent's Correctional Health, Marngoneet Correctional Centre
- 17 St. Vincent's Correctional Health, Metropolitan Remand Centre
- 18 Barkly Street Medical Centre
- 19 Brunswick Community Medical Centre

Winner 2008 Premier's Award for
Metropolitan Health Service of the Year



St Vincent's

*Continuing the Mission of
the Sisters of Charity*

St. Vincent's acknowledges the traditional owners of this land, the Wurundjeri people and the Kulin nations. We pay our respects to their Elders, past and present. St. Vincent's is Victoria's largest metropolitan provider of Aboriginal and Torres Strait Islander health care. We continue to develop our relationship with the Koori community and are proud to be acknowledged as a centre of excellence in healthcare for Indigenous Australians.