

ANNUAL QUALITY ACCOUNT 2015 – 2016

# PARTNERING

*to achieve something greater*

## *St Vincent's acknowledges*

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

### CONTACT US

**St Vincent's Hospital Melbourne**  
PO Box 2900  
Fitzroy VIC 3065  
Australia  
(03) 9231 2211  
[www.svhm.org.au](http://www.svhm.org.au)

**St George's Health Service**  
283 Cotham Road  
Kew VIC 3101  
Tel: (03) 9231 8000  
Fax: (03) 9817 5325

**Caritas Christi Hospice**  
104 Studley Park Road  
Kew VIC 3101  
Tel: (03) 9231 5344  
Fax: (03) 9853 1509

**Prague House**  
253 Cotham Road  
Kew VIC 3101  
Tel: (03) 9231 8600  
Fax: (03) 9816 0608





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## Welcome

On behalf of St Vincent's Hospital Melbourne, I am delighted to present the Quality Account for 2016. This publication demonstrates St Vincent's performance throughout the past year and is the mechanism for us to provide information back to the community. It is a snapshot of some of the important initiatives that have occurred at St Vincent's over 2015-16.

St Vincent's main campus is located in Fitzroy on the edge of the CBD, but it also includes 17 sites across greater metropolitan Melbourne, as well as other services such as satellite dialysis centres in regional Victoria. St Vincent's provides services and support to people from all walks of life throughout the state.

The Community Advisory Committee, which I have had the pleasure of chairing in recent years – works to ensure that the voices of patients, carers and the community are heard by senior management of the hospital. In my experience, all staff at St Vincent's demonstrate a strong commitment to involving and consulting the community.

I would like to take this opportunity to thank the Community Advisory Committee members, volunteers who bring a wealth of knowledge and experience to the role of representing the community.

It has been an honour to be a member of the Community Advisory Committee for the past nine years. I leave this committee wishing St Vincent's all the best as staff and consumer representatives continue to work together to provide the best possible care for patients.

On behalf of the community, I would like to acknowledge the important and life-changing work undertaken by St Vincent's staff, 24 hours a day, 365 days a year. I present to you this reflection on St Vincent's 2016 year.

**Bronwyn Williams**  
Chair  
St Vincent's Community  
Advisory Committee



# WHO WE ARE

## St Vincent's Hospital Melbourne

We operate from 16 sites across greater Melbourne, including a major teaching, research and tertiary referral centre situated in Fitzroy, subacute care at St George's Health Service Kew, palliative care at Caritas Christi Hospice, as well as aged care and correctional health facilities.

St Vincent's Hospital Melbourne is proud to be a part of the St Vincent's Health Australia group, Australia's second largest health and aged care provider, which operates under the direction of Mary Aikenhead Ministries.

As a Catholic health and aged care service our mission is to bring God's love to those in need through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable.

## Our values

### COMPASSION

Accepting people as they are, bringing to each the love and tenderness of Christ

### JUSTICE

Treating all people with fairness and equality so as to transform society

### INTEGRITY

Acting with honesty and truth while ensuring that who we are enables others to flourish

### EXCELLENCE


Excelling in all aspects of our healing ministry


## Our vision

To lead transformation in health care inspired by the healing ministry of Jesus.



 **MORE THAN 5,500**  
staff employed  
across 16 sites

 **781**  
beds across all  
of its services

 **53,585**  
inpatients over  
the last year

 **36,000**  
volunteer hours  
over the year


 **96,000**  
clinic  
appointments


**2015-16**  
*in numbers*

 **773**  
research  
publications

 **7,000**  
elective surgery  
admissions

 **844,000**  
meals served

 **43,792**  
emergency  
presentations

 **50**  
languages spoken  
by our patients



# Our SERVICES

## St Vincent's Hospital

We operate at 16 sites across greater Melbourne. At our main campus in Fitzroy, we provide the majority of our services along with a teaching, research and tertiary referral centre. We provide subacute care at St George's Health Service, palliative care at Caritas Christi, as well as pathology collection centres, general practice services and dialysis satellite centres.

### St Vincent's Hospital, Fitzroy

Major teaching, research and tertiary referral hospital

### St George's Health Service, Kew

A broad range of subacute inpatient and community aged care services

### Caritas Christi Hospice, Kew and Fitzroy

Palliative care services

### Prague House, Kew

Residential care for people who have experienced homelessness

### The Cottage, Fitzroy

Short-term hospital in the home based care for people who are experiencing homelessness

### Briar Terrace, Fitzroy

Support to men and women experiencing social isolation

### De Paul House

Drug and Alcohol Outreach

### St Vincent's Mental Health Service Community Care

The Footbridge (North Fitzroy) provides medium to long term clinical care and recovery services to consumers with serious mental illness and associated psychosocial disabilities

### Prevention and Recovery Care (PARC) Service, North Fitzroy

Early intervention residential support to people with mental illness to prevent relapse

### Aged Mental Health

Normanby Unit (Kew) and Aged Persons Assessment and Treatment Team (APATT) St George's Health Service

### Residential Aged Care

Cambridge House (Collingwood), Riverside House (Richmond), Auburn House (Hawthorn East)

### Community-based Mental Health Services

Clarendon Clinic and Hawthorn Clinic

### SACS Rehabilitation Services

Community Rehabilitation Centres at Kew, Northcote and Fitzroy

### Hospital in the Home (St Vincent's at home)

Home nursing service alternative to being treated in hospital

### Pathology Collection

80 pathology collection centres around Melbourne

### Youth Health and Rehabilitation Service (YHARS)

Integrated primary health care for juveniles in custody

### Correctional Health

Primary, secondary and psychosocial rehabilitation care at Port Phillip Prison and St Augustine's secure ward, Fitzroy



## CELEBRATING THE PEOPLE AT THE HEART OF HEALTHCARE

It was a feast for the eyes and the tastebuds on 5 October when St Vincent's celebrated the 21st birthday of our main hospital building with a hotly contested Big Birthday Bake Off and the crowning of 21 Everyday Heroes from our vibrant community of staff and volunteers.

Celebrating a birthday is the perfect reason to start every meal with dessert so it was fitting that our birthday party started with the grand finale of the Big Birthday Bake Off.

21 bakers entered the 21st birthday competition – coincidence or divine providence? We'll let you be the judge. Our Bake Off judges had their hands (and stomachs) full choosing between anatomically-correct heart cakes, cupcake brains, and an array of other delicious indulgences.



## COMING OF AGE FOR HOSPITAL AHEAD OF ITS TIME

When the new, 11-storey St Vincent's hospital building was opened 21 years ago, it was greeted with acclaim.

'The new \$160m St Vincent's Hospital is set to revolutionise the way hospitals are perceived in Australia. In designing the new hospital, the staff and management of St Vincent's have created an environment that puts the patient first and restores humanity and warmth to the medical setting.' Herald Sun on 5 October 1995.

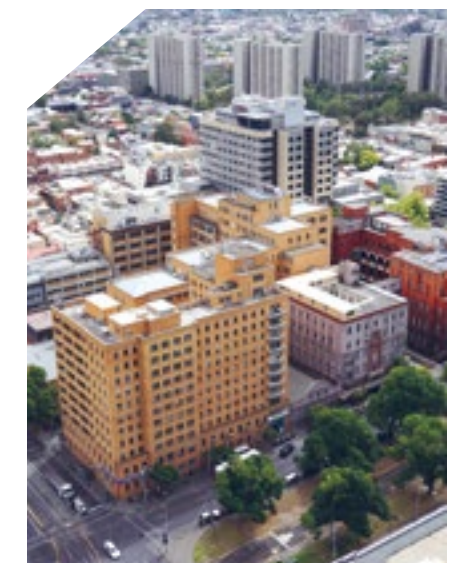
Many Fitzroy locals will remember the location as the former site of the Sisters of Charity convent, which was brought

down by a controlled implosion in 1992 to make way for the new hospital.

'What an incredible gift it was,' says St Vincent's CEO Susan O'Neill. 'The Sisters gave their home in the service of something greater. They saw an opportunity to reach more people in need and they were compelled to meet that call, even if it meant demolishing the place they called home.'

'More than 300 staff across 23 working parties came together to look at healthcare with fresh eyes. They designed a new approach which put people at the very heart of healthcare – a new approach that was reflected in the very architecture of the building.'

- 1991 Premier Joan Kirner announces that St Vincent's will be fully redeveloped as a major 490-bed teaching hospital
- 1992 The Sisters of Charity Convent on Princes Street is imploded to make way for the new building
- 1993 Construction begins
- 1993-1995 A new Patient Care Model is developed and helps shape the floorplans
- 12 September 1995 The first patients are admitted to the new hospital
- 5 October 1995 Premier Jeff Kennett and Archbishop Frank Little officially open and bless the building







# INSPIRED

*by you*

## ONE NIGHT IN DECEMBER

One night last December, while many Melburnians were beginning their pre-Christmas festivities, a chef cooked a romantic dinner for two of antipasto, Coq au Vin and lemon meringue pie. This dinner would be one he will remember for the rest of his life – as will all of those involved.

The dinner was for a charming young couple, Cameron, and his wife Nikki, who met in their first week at Melbourne University in 1999.

The romantic dinner was Cameron's idea, and it's what he asked for when two of his best mates came to visit him in hospital, wanting to know what they could do for him. 'I want to do something for Nikki,' he said.

Cameron was dying, and his first thought was to create one more happy memory for the love of his life, Nikki, who has barely left his side as his health has deteriorated. His friends swung into action – they were determined not only to do this, but to make sure it was a surprise for Nikki.

They enlisted the help of the nurses on the 6th floor, who booked the Quiet Room, arranged decorations and even asked Nikki's mum to smuggle some dressy clothes in for her. Cam's mates brought in clothes for him.

The Chef came, set up, and began preparations, with Nikki completely oblivious until one of the nurses handed her a bag with her outfit in, and said 'Don't ask questions,' and sent her off to get dressed.

'When I came out, they took me to the room; it was beautifully decorated with tea lights! And Cam was in a shirt and tie,' Nikki smiles.

With years of study, work and travel behind them, Cam and Nikki should have been anticipating a fulfilling, joyous future together.

But their idyllic lifestyle came to a crushing halt one night in 2014, when Cam had trouble walking, and couldn't raise one arm. Fearing he was having a stroke, they rushed to the nearest London hospital. A scan led to devastating news. Cameron had an aggressive brain tumour. Four days later he was in surgery, the surgeons said they were able to remove 90% of the tumour, then came chemotherapy and radiotherapy.

'Cam did really well,' recalled Nikki. 'He recovered, we were able to travel, and he went back to the gym...' Her face clouds, as she recalls 'He did really well until July.'

Another tumour grew on the other side of his brain. More surgery, more chemo, more radiotherapy. Despite the best treatment on offer, the tumour grew back, living up to its confronting nickname. 'In England they call it 'The Terminator'', says Nikki. In October, they decided to come home.

Cam's cancer is glioblastoma multiforme (GBM). 'How can it be that after 30 years, the treatment for this aggressive brain cancer hasn't changed at all? It's the biggest cancer killer of people under 40 and we need research to find better ways to deal with it. It's too late for Cam, but it could hopefully help someone else.'

## THANKS FOR NEVER GIVING UP

'For better or for worse.' When they say their marriage vows, no bride and groom would expect the stark reality to hit within days. But that's how the cards fell for Travis and Ellie.

The Abels were married in 2012, and within a few days Travis fell severely ill and was admitted to St Vincent's Hospital needing urgent treatment. Doctors diagnosed leukaemia, and to make matters worse, the severe symptoms of the blood cancer had also led Travis to have a stroke.

Unable to speak, paralysed on the right side, and battling cancer, Travis was in a bad way. Several times, waiting by his side in ICU, Ellie was told to say her final goodbyes. It was a whirlwind of hope, fear, technology, medication, farewells, tears and sheer determination.

Travis survived months of extensive treatment in various wards of our hospital including ICU, the Cancer Centre and Rehabilitation and others. Travis had to learn how to walk and talk, and even how to eat, again. After more than two years of treatment, Travis was discharged late last year.

In March he came back to St Vincent's for his first six-monthly check-up, not just with his wife Ellie, but also with their 7-weeks-old daughter Sophia.

The check-up went well with doctors confirming that Travis is certainly on the mend despite the lingering physical disabilities caused by the stroke.

Travis still struggles to speak, but wanted to say thank you to all the medical staff and nurses who cared for him during his treatment.

'Words can't describe it,' he said, looking at his wife, waiting for Ellie to elaborate.

'They were there for you in those worst nights,' Ellie said, stepping into the verbal breach with practiced ease. 'They would come and check on you... that in itself made those bad days a little bit better because you know you have that support.'

'I remember one of the surgeons one night he came into the room and he said: 'we're in a bit of strife' and I must not have taken it very well, he came and hugged me... and you don't get that much from surgeons.'

Thank you for never giving up.





# ABORIGINAL *health*



## FROM LITTLE THINGS BIG THINGS GROW

St Vincent's has built a decades-long commitment to improving health outcomes for the Aboriginal and Torres Strait Islander community and is regarded as a leader in Aboriginal healthcare and research in a hospital setting.

In 2016, St Vincent's introduced a new Aboriginal Health Unit, which brings together the Aboriginal Hospital Liaison Officer (AHLO) program, and quality improvement, cultural awareness, training, and cadetships.

The formation of the team reflects community needs but also the success of our AHLO program, which was Victoria's first when it was founded in 1982.

'We want to build on the great work that's already happening and help it grow. We can draw on the depth of experience at St Vincent's, what we've learned and how it has contributed to a better experience and outcome for our Aboriginal patients,' says Toni Mason, Manager of the new Aboriginal Health Unit.

'Many Aboriginal people don't go to hospitals for fear of judgment, that they'll be treated differently for not behaving in a certain way or that they're sick because they've lived a certain lifestyle,' Toni says.

'It leads to situations where, for example, Aboriginal people are not engaging in cancer screening processes so we see them at a much later stage – you can be giving them a diagnosis and talking about palliative care in the same sentence.

'The AHLOs have a deep understanding of community and cultural needs. They ensure that a person's social and emotional wellbeing is considered.

'Our AHLOs are very visible, they're always on the wards and talking to people, they're very friendly and approachable. That is so important for our patients but it has been just as valuable for our non-Aboriginal staff.

'The AHLOs don't work in isolation but very much alongside the treating team. It increases understanding and creates an environment where Aboriginal health is everyone's business, which has laid the foundations for new projects and research in cardiac and cancer care.

'With the Aboriginal Health Unit we can build on those strong foundations and become more strategic and sustainable – that will help us have an even larger positive impact on the health of Aboriginal patients here and at other hospitals.'



## RECONCILIATION ARTWORK LAUNCH

SVHA's annual Senior Leadership Team conference took place recently in Brisbane based on the theme of 'Seeing something greater'.

During the conference, an artwork created by 50 staff and three Aboriginal and Torres Strait Islander artists was unveiled.

This large vibrant silkscreen, known as a 'triptych', acknowledges our commitment to Reconciliation. Silk prints of the artwork will be provided to each SVHA facility as an ongoing reminder to all of our reconciliation journey.

Left: The artwork created by 50 staff and three artists, acknowledging SVHA's commitment to reconciliation.

## IMPROVING ABORIGINAL PATIENT CARE

Koolin Balit: Improving access and health outcomes for Aboriginal people with Complex needs.

As part of the 'Koolin Balit Aboriginal health strategy' initiated by the Victorian government, St Vincent's has introduced a sustainable Aboriginal Health Care Coordinator (AHCC) role across all Health Independence Program (HIP) services at SVHM and North Richmond Community Health (NRCH).

The aim of the AHCC is to strengthen the cultural sensitivity of HIP services and to increase the number of Aboriginal clients successfully engaging with and completing their episodes of care. HIP have achieved this through the recruitment of an Aboriginal identified health professional with skills and knowledge in the areas of mainstream health and community services.

In the first 12 months of the AHCC role the average length of HIP episodes for Aboriginal clients improved 48% from 104 to 154 days. Increased engagement with health services and involvement in the community is a key pillar of the Koolin Balit project.

Consumer feedback from Aboriginal clients has demonstrated that this creative and individual approach has dramatically changed health and welfare outcomes and perceptions for Aboriginal clients involved with HIP.

 **44**  
clients

 **403**  
interventions

 **52%**  
of clients were female

 **48%**  
of clients were male

 **20%**  
of the clients identified themselves as homeless upon initial contact

**FOUR CLIENTS WERE CONTACTED BY PHONE AND ALL CONSENTED TO PROVIDING ANONYMOUS FEEDBACK IN RESPONSE TO FIVE OPEN ENDED QUESTIONS:**

"Without her [the AHCC], I would not have had my procedure."

**A young mother with dependent children, in urgent need of a medical procedure**

"I am now in a better place. I am seeing family now again, taking my tablets... Without [the AHCC]... I would be living on the streets, cold with a blanket... I would have to beg and possibly even be dead."

**A homeless, elderly man who frequently attended the SVHM ED**

"I was at breaking point when [AHCC] arrived, on the verge of a breakdown. It was good to know another Aboriginal woman to turn to, not just for health but other things. I was angry at services at the time... She took the pressure off the appointments, organising and helped me understand the medical side. She breaks down the language used."

**A young and unwell client, now studying at University**

"My view on hospitals has always been tainted with bad experiences. The [AHCC] gave me some confidence in dealing with a hospital service again"

— A client from the country



## ST VINCENT'S ABORIGINAL CARDIAC LIGHTHOUSE PROJECT

The recently completed St Vincent's Aboriginal Cardiac Lighthouse Project was conducted to improve how St Vincent's delivers care to Aboriginal and Torres Strait Islander patients with cardiac disease by utilising a toolkit developed by the National Heart Foundation.

The project was led by a project team consisting of the Coordinator of Aboriginal Projects, Ash Gupta, Senior Cardiac Nurse, Karen Daws, and Aboriginal Cultural Consultant, Shawana Andrews and was governed by a local steering committee featuring executive, medical, nursing management and Aboriginal community representation.

The project successfully identified a number of opportunities for improvement. Though they are highly inter-related, improvements could be broadly categorised into cultural safety improvements, staff training and systems of care.

### SOME KEY ACHIEVEMENTS FROM THE PROJECT INCLUDE:

- The development of clinical guidelines for optimal clinical care on the cardiac wards
- The development of clerical guidelines to support the identification and interaction of booking staff with Aboriginal patients
- The provision of cultural safety training to staff from an array of backgrounds including medical, nursing, clerical and allied health

- The development and presentation of an innovative "Yarning module" to facilitate clinically embedded, culturally responsive engagement and communication at the bedside
- The inclusion of Aboriginal status on key patient lists for staff
- The placement of Aboriginal art in areas of need to support culturally safe environments
- The utilisation of Aboriginal art in the active recovery of patients in the Coronary Care Unit
- The provision of welcome packs and access to vital material aid for Aboriginal patients in the Coronary Care Unit

The project identified a number of future goals and recommendations which are currently being explored through the continued operation of the Aboriginal Cardiac Care Pathways committee, led by Karen Daws.



Above: Michelle Winters



**1%**  
of 5,700 strong  
workforce  
aboriginal



**60**  
Aboriginal  
employees by  
2018

## ABORIGINAL AND TORRES STRAIT EMPLOYMENT

As part of SVHA, St Vincent's Hospital Melbourne (SVHM) has joined the Prime Minister and Cabinet Employment Parity Initiative, which aims to increase Aboriginal and Torres Strait Islander employment in the health sector to 3% by 2020.

To help achieve this, SVHM has developed an Aboriginal and Torres Strait Islander Employment Strategy for 2016-2018 with the aim to increase Aboriginal and Torres Strait Islander employment to 1% by the end of 2018.

SVHM currently employs 27 Aboriginal and Torres Strait Islander staff members, which represents 0.43% of the total workforce of more than 5,500 people. To fulfill the 1% target, the organisation requires a total of 60 Aboriginal employees.

The emphasis within this plan is on the introduction of new career pathways for Aboriginal employees that are sustainable and rewarding for both the individual and organisation.

Alongside this strategy, KPIs have been set by SVHM Executive in the area of Aboriginal and Torres Strait Islander employment, projects and cultural safety training. This demonstrates SVHM's ongoing commitment to leadership in this initiative from the CEO and senior leadership group.

## ACHIEVEMENTS IN ABORIGINAL AND TORRES STRAIT ISLANDER EMPLOYMENT

At the beginning of 2012, SVHM employed a total of 15 Aboriginal and Torres Strait Islander staff.

Since 2012, SVHM has successfully employed an additional 22 Aboriginal and Torres Strait Islander staff across multiple disciplines including Nursing, Allied Health, Social Work, and Support Services.

The current number of Aboriginal and Torres Strait Islander staff at SVHM has almost doubled and is now sitting at a total head count of 27. The number of applications received has also increased from an occasional application to an average of three per month in 2015-16.

SVHM has continued the Aboriginal Nursing Cadetship Program that was started in 2012 and have successfully supported five Aboriginal and Torres Strait Islander nurses through to completion of their nursing degrees and into Graduate positions.

The Aboriginal Graduate Nursing Program, piloted in 2014, has seen three Aboriginal students complete their graduate year and has successfully recruited three Aboriginal nurses for the 2017 graduate program.

SVHM has also employed an additional 12 Aboriginal and Torres Strait Islander staff through the new HR & Indigenous Program Specialist role, the Aboriginal Health Unit and Koolin Balit Training Grants.

SVHM has successfully delivered accredited cultural safety training to 39 staff through the VACCHO Cultural Safety Training Program. Cultural Safety Training is a priority across the hospital and interest continues to grow across the organisation.

*"I'm the first"*

Aboriginal physiotherapist at St Vincent's and I'm proud to be able to pass on my cultural knowledge to the hospital. When I started in January 2016, everybody welcomed me with open arms. I find it a very supportive and culturally accepting workplace. I'm very excited to further my career here."

— GLENN MILLIKEN, GRADE 1 PHYSIOTHERAPIST



# Our diverse COMMUNITY



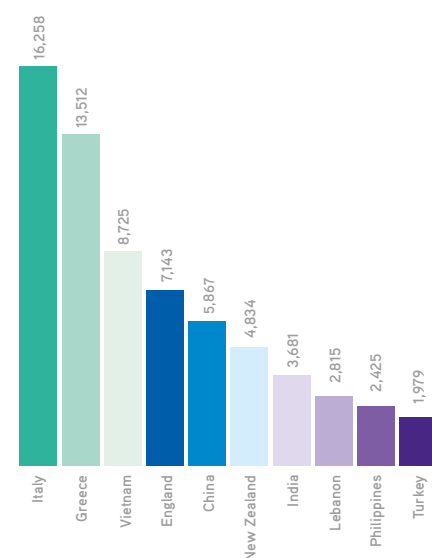
## MAKING A DIFFERENCE IN THE LIVES OF PATIENTS, RESIDENTS AND STAFF FROM DIVERSE COMMUNITIES

St Vincent's Hospital Melbourne (SVHM) is a vibrant community of care with a special commitment to the marginalised and disadvantaged.

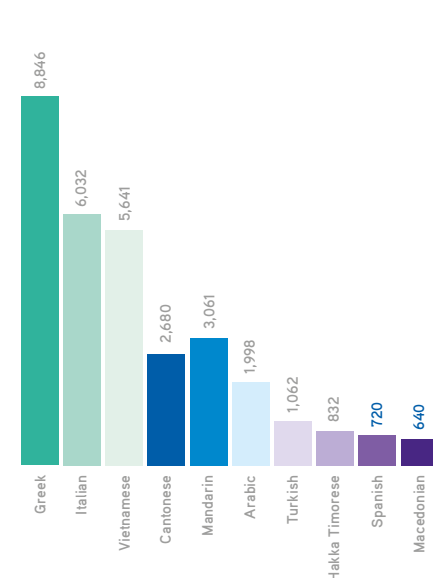
It is well recognised that the cultural and linguistic background of a patient can influence the care they receive. A key to improving care lies in the ability of healthcare providers to build cultural awareness and responsiveness.

Our values guide all our decisions, and responding to the unique needs of our patients is key to honouring those values. Our patient population is diverse. 48% come from a culturally and linguistically diverse background (CaLD), 20% require an interpreter, and 35 faiths are practised.

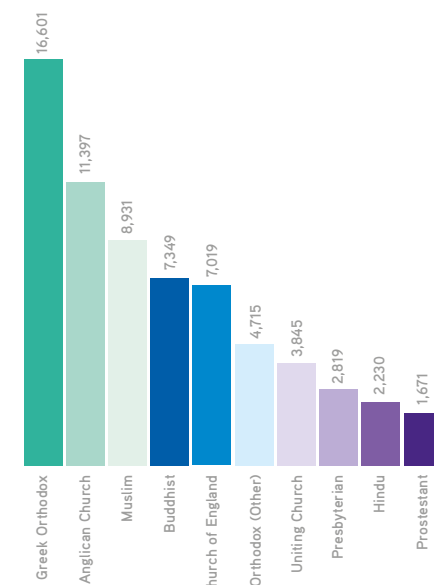
### TOP 10 COUNTRIES OF BIRTH OTHER THAN AUSTRALIA (2015-16)\*



### TOP 10 PREFERRED LANGUAGES (OTHER THAN ENGLISH)



### TOP 10 FAITHS PRACTISED



## CULTURAL DIVERSITY WEEK 2016

In March 2016 the Cultural Diversity Committee celebrated Cultural Diversity Week with an Olympic theme.

The event was supported by a grant from the Victorian Multicultural Commission, allowing activities such as Tai Chi, a mini Olympic indoor sporting competition, prizes for the annual cultural diversity quiz and cultural diversity workshops. Many departments also organised a Taste of Harmony lunch. Our newly appointed CEO Susan O'Neill led the way by participating in a glorious multicultural morning tea. Special guests included representatives from Interpreter Services, the Cultural Diversity Committee and Mission.

Above: Cultural Diversity Week Morning Tea



## EXHIBITION LAUNCH OF ARTIST IN RESIDENCE BOMAN ALI WAKILZADA

In September the Cultural Diversity Committee collaborated with the St Vincent's Artist-in-Residence Program to organise an exhibition launch of Boman Ali Wakilzada's paintings. Boman belongs to the Hazara group of Northern Afghanistan and is a patient at St Vincent's. First and foremost, however, Boman is an artist.

He became aware of his passion for art as a child and developed his skills under the guidance of a number of artists whilst living in Pakistan. Boman came to Australia seeking asylum in 2013. His first contact with St Vincent's was as a patient with the Polio Services Team. Upon realising the talent of this patient, the team contacted Mission and Boman was commissioned to produce an artwork to commemorate the MOU between SVHM and the Asylum Seeker Resource Centre. His link with St Vincent's did not stop here.

Over the past year, Boman has been part of St Vincent's Artist-in-Residence program, using a studio at our Caritas

Christi campus in Kew. This exhibition, supported by the Victorian Multicultural Commission, showcases his work and in particular, his passion for working with oil paints on canvas.



Above: Boman Ali with artwork

## VICTORIAN MULTICULTURAL COMMISSION MULTICULTURAL AWARDS 2016

In October, SVHM was the recipient of the Corporate Innovation Award at Victoria's Multicultural Awards for Excellence 2016.

The award is a wonderful testament to the Cultural Diversity Program which has proven to be a powerful tool for enhancing the healthcare experience for CaLD patients, increasing the cultural competence and confidence of staff and acting as a springboard for

new initiatives to enhance services for people from a CaLD background.

The result of the Cultural Diversity Program is a health service which respects, responds to and celebrates the diversity of its patient and staff community.

Left: CDC members Monita Mascitti-Meuter, Ash Gupta and Karella De Jongh, Chair of the CDC



# CULTURAL DIVERSITY: PROJECTS & OUTCOMES IN 2015-16

## CULTURAL RESPONSIVENESS PLAN 2016-19

The Cultural Diversity Committee endorsed the new Cultural Responsiveness Plan for 2016-19. It integrates outcomes of projects completed during the last plan which are now part of annual activities as well as new opportunities for improving health care for CaLD consumers

Looking towards the new three year cycle, the Cultural Diversity Committee has developed a number of major improvement plans which will be rolled out over the next three years, the most notable being:

- Upgrade of the SVHM culturally responsive care online training module and training video
- Completion and launch of iPad/iPhone language application
- A project improving CaLD experience/ increasing residential care occupancy
- A longitudinal study on CaLD length of stay (LOS)

## CULTURE, LANGUAGE AND ADVANCE CARE PLANNING

Since 2015, St Vincent's has been rolling out its Advance Care Planning Program under Caroline Scott, Program Manager of *bestCARE* from the Quality & Risk department. From its inception the project included input from the Cultural Diversity Committee. It now includes a strong cross cultural component in the Advance Care Planning training module for staff as well as translated brochures in multiple languages which feature culturally appropriate photos. The brochures will be available to patients by the end of 2016.

## INTERPRETER SERVICES REPORT

The Interpreter Service at St Vincent's is one of Melbourne's oldest among health providers, having commenced more than 30 years ago. More than 70 languages are requested each year, with the top preferred languages being Greek, Italian, Vietnamese, Cantonese, Mandarin, and Arabic. Each new language request helps us acquire language knowledge and cultural background knowledge so we can respond and communicate appropriately with each CaLD patient.

The most recent biannual audit of our specialist outpatient clinics found that 70% of patients who needed a face-to-face interpreter received one.

A quality improvement project is underway to investigate ways to increase the number of CaLD patients with limited English proficiency to which we provide interpreters. Overall, there is a greater awareness among clinicians of the convenience of telephone interpreting, which is accessible 24 hours a day. It has led to a sustained increase in this interpreting mode, particularly in the Emergency Department that requires quick and efficient communication with a patient.

## CULTURAL DIVERSITY TRAINING REPORT

The Cultural Diversity Workshop Program has been the catalyst for an organisation-wide growth in cultural competency, with more and more departments requesting tailored training, specific topics, and initiating their own projects to meet the specific needs of their CaLD patients. It has proven to be a powerful tool for enhancing the care experience for CaLD patients across St Vincent's

many services. It is unique in Victoria for a hospital to develop and deliver training specific to its needs, with most other organisations purchasing generic training sessions in limited quantities due to budget constraints.

In 2015 2,398 staff participated in at least one module via face-to-face or online delivery and 60 workshop sessions were delivered for 29 departments. The program continues to grow, with new modules developed at the request of departments.

## OUR CONSUMER FEEDBACK

CaLD consumers provide feedback about services in a culturally appropriate way. Rather than send us a thank-you card, appreciation is often in the form of food and sweets and may be presented during a cultural festival. Patients may offer the interpreter team a box of moon cakes for the Chinese Autumn festival or sweets for Chinese New Year while Greek patients may give an Easter sweet bread.

Recently, St Vincent's Foundation wanted to find a way to thank, in a meaningful way, the many CaLD patients who generously make a donation to the hospital. The Foundation usually sends them a special card with a handwritten thank you. Since a number of donations are made by CaLD patients, it seemed appropriate to develop translations for the cards in the patient's language as a personal touch.

## THE INVALUABLE ROLE OF INTERPRETERS AT ST VINCENT'S

If St Vincent's had a loyalty system, Tieu Ong would be one of its most enthusiastic members.

Mr Ong has been visiting the hospital for a variety of conditions for many years. Despite the psoriasis, the chronic knee pain, the operations and the neurological condition, Mr Ong says he enjoys coming to the hospital. The reason is simple – it's our Vietnamese interpreter, Kim Nguyen. Speaking to Mr Ong with the assistance of Kim, it is apparent that they share a very close bond.

'Kim is very good – she is always there to help non-English speaking patients.' Mr Ong says.

Mr Ong has had a tough life. He fled Vietnam by boat in 1979, spending time in a refugee camp, before being resettled in Australia. He and Kim have much in common, as Kim also came to Australia as a refugee. Mr Ong will often bring in fruit and vegetables he has grown himself, including watermelon, plums, custard apples and bananas. 'All the staff are so good to me,' Mr Ong says.

Kim says that Vietnamese patients have a unique way of showing their gratitude for the care they have received. 'Whereas some patients might bring flowers to show their appreciation, Vietnamese patients are more likely to give fruit and vegetables,' Kim says.

*I always feel grateful*

for what the hospital has done for me. I won't forget it till the day I die.

– MR TIEU ONG





# PATIENT

## *experience*

### SPECIALIST CLINICS FLOW PROJECT

St Vincent's Specialist Clinics are a gateway to the hospital for patients requiring elective surgery and ongoing chronic disease management, providing 90,000 patient appointments per year across 20 different specialties.

Due to the vast number of clinic appointments scheduled each year, wait times can be significant for patients when waiting for an appointment and on the day of their appointment. It is not uncommon for patients to spend over an hour in the waiting room to see their specialist.

A patient flow program has just commenced aiming to reduce patient wait times and improve patient experience. Improving flow will have the added effect of increasing capacity to schedule appointments.

In July, a patient experience survey was conducted across one week to identify wait times for patients. 380 responses were collected across the week, showing that only 3% of patients were seen on time, with 55% of patients waiting longer than 30 minutes.

The survey asked how long patients considered reasonable to wait for a clinic appointment on the day, with the majority of patients considered 30 minutes a reasonable wait.

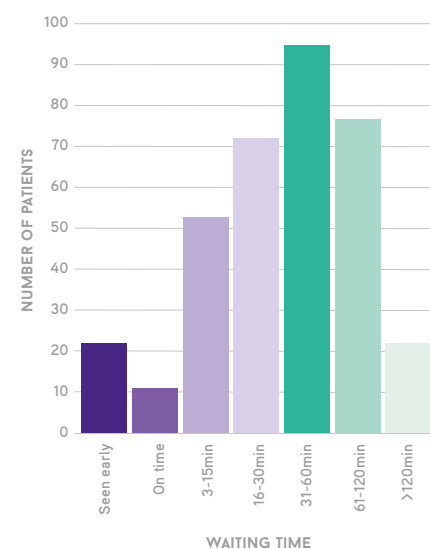
From the results of the survey, two departments were chosen to pilot the flow program; dermatology and neurosurgery.

Weekly huddles have now been implemented at the end of the Neurosurgery clinic, to identify reasons for patient delays and implement action that will reduce the risk of this issue being repeated.

The huddle identifies the number of patients still waiting to be seen at midday, number of patients who did not attend, and the number of patients required an interpreter and transport.

In November 2016, a part-time redesign coach commenced to assist with improving flow and access for patients in specialist clinics, based on lean principles.

### SPECIALIST CLINIC WAITING TIME



# STAFF

## *experience*

### EVERYONE LOVES A NIGHT HUG

Dr Aaron Bloch and Dr Ben Smith vividly remember how daunting it was being an intern during night shift. With staffing levels lower overnight, there are many sick patients and it's not always clear who is on hand for support if required.

'It can be an intimidating and lonely time. You can go through a week of nights and barely even see another person,' Dr Smith says.

During their time in the Junior Doctors in Redesign program, the two thought there had to be a logical solution to this problem.

Each night, all rostered medical staff meet for the Night HUG (Handover Update Group). This meeting is a chance for junior doctors working in the wee small hours to meet the most experienced doctors working that night – the ones they'll need to call on if there's a problem.

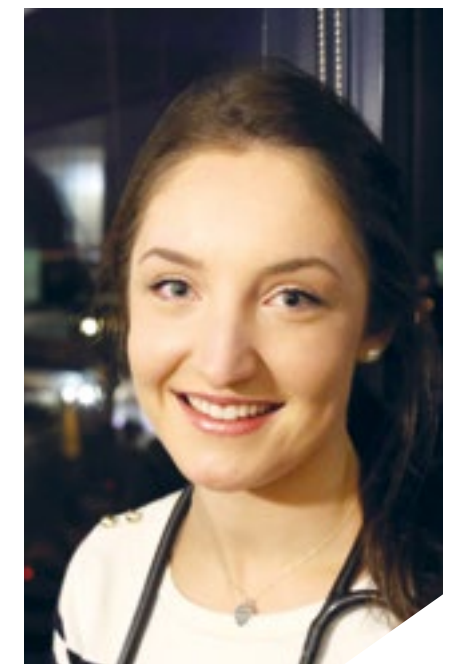
Junior doctor Louise Kostos has been on night shift for three of the past six weeks and benefits from the Night HUG each night.

'It's an opportunity to flag unwell patients and discuss their cases with the registrars, so that if something does go wrong and there is a MET call, the registrars are already familiar with the patient and they are able to target and initiate management, rather than waste time looking through the patient file,' Dr Kostos says.

'As a junior doctor, particularly for the new interns, it can be intimidating to call a registrar you don't know to ask for help, so being able to put a face to the name and know who is available to call each night is a huge benefit.'

Right: Dr Louise Kostos has benefited from the Night HUG

Below: Dr Aaron Bloch and Dr Ben Smith, the two junior doctors who started it all



# 55%

of patients waited longer than 30 minutes



# 3%

of patients were seen on time



# CLINICAL

## *research advances*

### ART PAINTS A PICTURE OF A LIFE WELL LIVED

An innovative research project, using art to trigger memories and spark conversation, is reinvigorating dementia patients.

Cognitive impairment makes communication difficult for these patients, but social worker Danielle Moss and art curator Monique Silk have discovered that art has an amazing ability to elicit strong feelings in all people. Even for patients who may not know what day it is, art can trigger emotions and memories and lead to surprising conversations.

With the support of Dr Carrie Lethborg, Monique and Danielle are using the St Vincent's art collection to stimulate conversation with patients with cognitive impairment. St Vincent's is home to the largest art collection at a public hospital in Australia with over 1,000 pieces, providing a unique environment to explore the intersection of health and art.

Monique sat down one on one with each patient and guided them through a viewing of five artworks, with each piece representative of a different art style or theme including landscape, portrait and Aboriginal abstract art.

Conversation around each artwork flowed, but interestingly it was the patient leading the discussion. At the session conclusion, they were invited to choose their favourite artwork and were given a copy to keep.

'One of the things we measured is engagement through non-verbal and verbal cues,' Carrie says. 'We found that art does increase engagement in these patients.'

'The transcripts show that paintings trigger reminiscence. For example there is one painting of the MCG that triggered memories in everyone. Most participants talked about their experiences of going to the MCG or of living in Melbourne.'

'Another picture of a sunny holiday setting prompted one patient to speak about his brother living in Queensland. What's impressive is that it's hard to ask these patients where they are, how they are feeling and about their family. But when an image is introduced it triggers memories and all of a sudden you can engage and find out more about them.'

What was surprising for family members to see was the knowledge and willingness with which patients spoke about art.

'What we found was that aesthetic preference in art is stable over time. Patients with cognitive impairment are very open to talking about what they like or don't like about a particular artwork,' Danielle says. 'The uniqueness of this study is the bringing of art to the bedside of hospitalised patients as a tool for engagement'.

This study is an example of the powerful work that can be achieved when staff with a range of skills are brought together with a research expert to improve patient care. 'The study needed to involve both clinicians and someone who was very knowledgeable about art. Having an art curator on staff made it possible,' Carrie says.

Left: Dr Carrie Lethborg, Monique Silk and Danielle Moss

### POINT OF CARE: SPEEDING UP THE DIAGNOSIS FOR INFECTION

Ben Mooney has a background in cheese-making involving microbiology and biotech. He and St Vincent's Co-Director of Immunology Research, Professor Kumar Visvanathan, have joined forces in a research project that would speed up the diagnosis for infection.

During his 17 years running the family cheese business, Ben Mooney was often struck by the sight of his highly skilled cheese makers packing stock, or driving forklifts.

'I thought 'hang on', this isn't right,' Ben says. 'I started to think about what processes I had in place to ensure that I was maximising the time of my most skilled workers and minimising the tasks that aren't valuable. I became increasingly interested in the concept of quality systems.'

Ben's commitment to improving work processes led him to return to university to study advanced manufacturing technology.

With a cheese-making background involving microbiology and biotech, and his newly acquired knowledge of system processes, Ben began looking for ways to combine his interests. He became interested in biodevices which led him to seek out St Vincent's Co-Director of Immunology Research, Professor Kumar Visvanathan.

'In my discussions with Kumar, we kept coming back to the issues around delays in identifying causative organisms in sepsis,' Ben says. Sepsis is a potentially life-threatening complication of an infection.

'Sepsis is still responsible for around 50% of deaths in Intensive Care, and with the emergence of resistant organisms, that number is trending up,' Prof Visvanathan says.

'When someone is showing signs of sepsis, it is important that they are treated immediately with the appropriate antibiotic. On the flipside of that, though, is making sure that antibiotics are not given to patients who don't need them.'

It's a race against time – a four-hour window for treatment, when laboratory tests can take 24-48 hours. When doctors suspect sepsis, they can't afford to wait for the lab results; they will begin administering antibiotics. If the lab tests come back negative, this delay in diagnosis can contribute to antibiotic resistance.

There are hand-held sequencers, currently in beta testing, that have the potential to quickly diagnose sepsis using purified bacteria DNA from a patient blood sample. Previously the cost of running a sequencer has made their use prohibitively expensive in a clinical setting, but these hand held devices are driving down the cost and time delay of sequencing.

'The issue at the moment is extracting bacterial DNA from a patient's blood sample so that this kind of technology can be leveraged,' Ben says. The PhD student is looking to weld two different disciplines together to come up with a solution to this pressing clinical problem. 'If we can get a handful of bacteria out of blood, get the DNA, and amplify that DNA and sequence that, then we will quickly be able to know the bacteria's name, species and strain,' he says.

'At the moment we are dreaming of what may be possible in a few years' time, but this does seem the way of the future,' Prof Visvanathan says. 'If we can get it, a correct diagnosis at the bedside would make a huge difference. We may also be able to identify antimicrobial resistant genes, which will further help in designing an effective therapeutic response.'

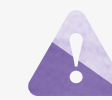
Although Ben's aim is to develop a disposable point-of-care device, if a process for quickly purifying DNA could be established, this breakthrough could be as important as the device.

'We may be able to commercialise that process through a service business, or it may be information that hospitals, including St Vincent's, can use in the way they structure their microbiology labs,' Ben says.

Above: Ben Mooney and Prof Kumar Visvanathan



## RESPONSE TO FAMILY VIOLENCE



**73%**  
of audits  
confirm abuse



**70%**  
of older people  
self-disclose abuse



**270**  
suspected cases  
of elder abuse

# FOCUS ON

*elder abuse*

## RESPONSE TO FAMILY VIOLENCE

Research estimates that five per cent of older people may be at risk of abuse, neglect and exploitation by someone known or trusted by them.

Older adults who are subject to elder abuse face a greater risk of being hospitalised than other seniors. There is increasing recognition of the importance of the role of health services in responding to family violence. The SVHM Social Work team are leading the way, implementing staff training, a policy and a model of care for the protection and support of vulnerable older people.

'Elder abuse is often hidden or unnoticed. Older people may feel shame or fear and may be more comfortable raising their worries with a health professional. This can provide a 'window of opportunity' for hospitals to identify and respond to older people who are at risk or experiencing abuse,' says Senior Social Worker Meghan O'Brien.

In 2013, SVHM introduced a hospital-wide elder abuse policy, which included:

- the establishment of a coordination and response group with high-level participation to review suspected cases of abuse
- a model of care which supports staff to identify pathways for intervention based on the will and preferences of the patient, and undertake safety planning
- notification of all suspected, confirmed or witnessed cases of elder abuse to the coordination and response group
- a training framework focused on addressing the different roles and responsibilities of staff, including clinicians

SVHM has demonstrated that the model of care has the capacity to strengthen health professionals' capacity to respond (detection, assessment and intervention) to suspected elder abuse for older people through the sharing of clinical expertise, resources, tools, data collection processes and strategies to strengthen active participation within an organisation.

Meghan O'Brien and other SVHM staff contributed to a St Vincent's Health Australia (SVHA) submission to the Victorian Royal Commission into Family Violence in May 2015. Meghan presented work from her PhD study and research outcomes at the Royal Commission in August 2015. The Report of the Royal Commission highlighted the important role of health services in responding to family violence and endorsed the SVHM elder abuse framework, suggesting the model be adapted for use in other hospitals and other environments such as aged care.

## HEALTH JUSTICE PARTNERSHIP

In January 2016, SVHM established a Health Justice Partnership with Justice Connect: Seniors Law which focuses on providing legal support for SVHM patients at risk of elder abuse.

The partnership is the first of its kind in Australia to be established with a focus on an innovative and system wide response to older people presenting at risk of elder abuse in a hospital setting.

Health problems and legal issues can be interconnected. A frail older person experiencing poor health and/or abuse from a family member may require both medical support and legal advice. Justice Connect Seniors Law brings valuable experience in providing legal assistance to older people.

The service provides free and confidential advice to SVHM inpatients as well as patients accessing the hospital's various clinics and community programs. Pro Bono lawyers from private firms are available to take on ongoing casework.

Health Justice Partnership lawyer Lauren Gordon works with the social work team three days a week. 'I've had increasing contact with health professionals across teams as they become aware of my role, and through that, I am meeting with older patients in hospital, and at home, patients who otherwise would have been unlikely to seek out legal advice.'

A significant part of the work is in providing health professionals with secondary consultations in matters where patients have legal issues.

Social Worker Katrina Rushworth says the service provides a timely opportunity to work with patients in hospital before they go home.

'The benefit of getting legal help in hospital is that it creates an opportunity, a safe space to get someone legal advice they might not necessarily be able to get when they go home.'

Below: Lauren Gordon (left) and Meghan O'Brien (right)



# FOCUS ON

## mental health

St Vincent’s Hospital has a long and outstanding commitment to providing excellent care for consumers experiencing mental illness, providing psychiatric services to people aged between 16 and 65 and living in the cities of Yarra and Boroondara.

The Acute Inpatient Service (AIS) is a 44 bed inpatient unit providing short term inpatient treatment to people during the acute phase of mental illness, including a six bed Extra Care Unit (ECU) for people with more intensive care needs.

The Mental Health Service has implemented a number of safety initiatives to protect the safety and wellbeing of our consumers, visitors and staff.

### SAFEGUARDS

This evidence based model from the UK aims to keep people safe in mental health wards. SafeWards can assist understanding of the very complicated subjects relating to responding to conflict and maintaining containment by encouraging consumers and staff to work together.

### VICTORIAN NETWORK OF SMOKE-FREE HEALTH SERVICES

SVHM Mental Health is now a Smoke Free Service (NRT), and has established a tobacco cessation service, with resources and support available to all inpatients and outpatients.

### SENSORY MODULATION

SVHM has implemented sensory modulation on AIS in an effort to reduce the need for restraint and seclusion. Bluetooth headphones are available

for use by consumers in the ECU, and have been particularly well received by consumers, who have provided positive feedback about them and how they are helpful.

Sensory baskets containing equipment designed to relax consumers are also available. Massage chairs on both units and a sensory room in the Low dependency Unit also have high use.

Sensory modulation has also been incorporated into the design of a new courtyard, which was opened on Monday 3 October. The courtyard also contains a safe space for women.

### GROUP PROGRAMS

Mental Health offers approximately 30 group activities each week, with review and generation of new ideas occurring at weekly consumer meetings. There is currently a visiting art therapist and music therapist, as well as a pet therapy dog, Asiz, that visits weekly. Gardening groups are also very popular and have recently returned to the new courtyard.

### RESTRICTIVE INTERVENTIONS AND TREATMENT

A De-escalation and Restrictive Interventions Form has been introduced in an effort to tackle increased seclusion rates early in 2015-16. This form is completed by both clinicians and consumers.

The form encompasses the understanding that at any time, a clinician of differing skill and experience level may be leading de-escalation. It is important that documentation and reflection exists about what other measures have been tried, and their rate of success.

The form also supports the consumer in ensuring that access to post traumatic support is provided, that all relevant individuals are informed about any

restrictive practice that has occurred and that all legislative requirements have been met.

### EARLY RESPONSE TEAM

Senior nursing staff that are available on a roster system M-F to consult and support decision making when challenging behaviour arises. This is a preventative measure to avoid restrictive interventions where possible. The team meets weekly to review incidents and documentation of restrictive interventions.

### PEER SUPPORT WORKFORCE

Liam Buckley and Louise Taylor are at the forefront of St Vincent’s fight against mental illness. They are part of two pilot projects that aim to improve our mental health patients’ pathway to admission and discharge.

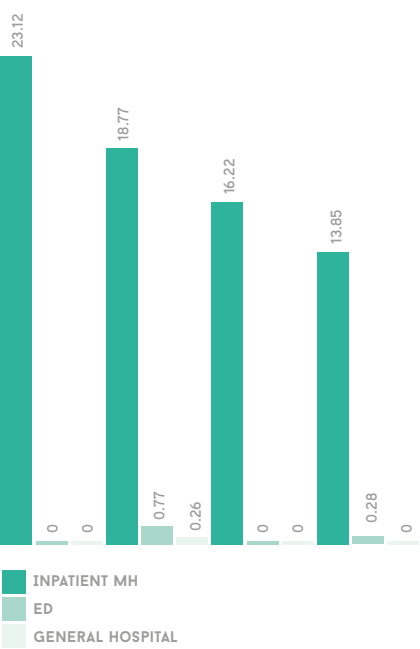
Their team consists of five peer support workers whose roles include liaising with the nursing staff in Emergency Department to ensure patients’ non-clinical needs are addressed as they get admitted into St Vincent’s mental health ward and again when they are discharged.

Needless to say, the peer support workers’ own experiences of mental illness is what makes them an integral part of helping consumers cope with not just their condition, but also their social and emotional barriers – all through empathetic listening and encouragement.

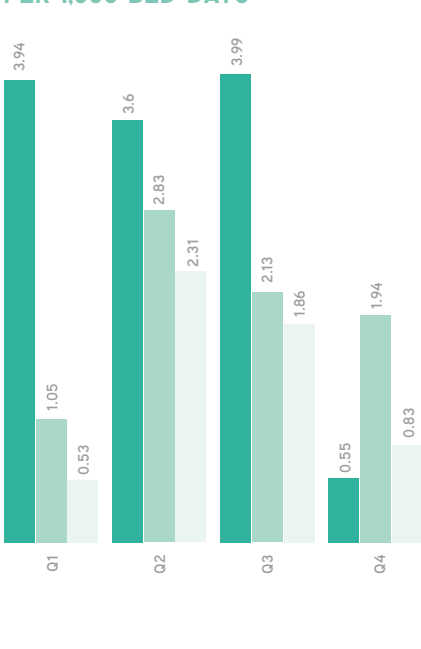
Liam is a pre-admission liaison worker and has the task of welcoming new patients to the ward and making them feel at home.

‘When the patients come over to the ward, you can often have a good rapport with them and talk to them very easily, and they are very open with you,’ he says.

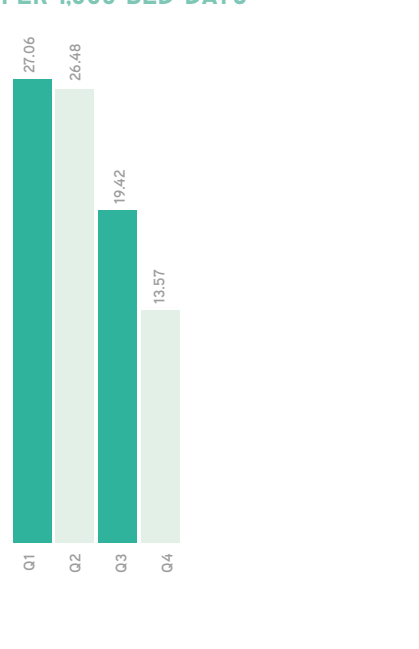
### PHYSICAL RESTRAINT EPISODES PER 1,000 BED DAYS



### MECHANICAL RESTRAINT PER 1,000 BED DAYS



### SECLUSION EPISODES PER 1,000 BED DAYS



‘Once they know you are a peer support worker, they know you can empathise with them and they give that back as well.’

Louise, on the other hand, assists patients during the discharge process, particularly for longer stay patients, helping them build linkages with their community in order to make integration back into society as smooth as possible.

Due to the relatively high risk of relapse in the first four weeks after discharge, the team works to continue to provide short-term rehabilitation support to patients even after discharge in order to prevent relapse and readmission to hospital.

Louise says patients’ feedback has always been positive. ‘The people on the ward are very thankful for someone who has come in with a non-clinical approach and that has a shared experience and has kind of travelled that path before – it gives them courage and hope that there is a future for them,’ she says.

Peer support clearly complements and enhances the healthcare services that clinicians provide and creates an outcome that changes people’s lives for the better.

Both Louise and Liam feel a huge sense of achievement for their unique contributions have led to mental health patients making a full recovery.

‘I think we are part of an up and coming, strong workforce and that we have solid ideas and firm belief that can make a difference,’ Louise says.

Right: Louise Taylor and Liam Buckley





# YOUR feedback

St Vincent's strives to ensure patients are satisfied with the quality of care they receive and participates in three surveys to gain a better understanding of the patient experience and identify opportunities for improvement:

- Victorian Healthcare Experience Survey (VHES)
- SVHA Patient Experience Survey
- SVHM Patient Experience Survey

These surveys have allowed us to reflect upon what we do well and where there are opportunities for further improvement. A consistent theme through the results of these surveys and also the complaint data has been related to inadequate communication from the clinical team to the patient/family/carer. A significant initiative that has been developed from this feedback is the creation of a dedicated committee to work on improving clinical communication. This new project working group will analyse and advise SVHM on how clinical communication can be improved and to oversee the implementation of these improvements.

## SVHA PATIENT EXPERIENCE SURVEY

The St Vincent's Health Australia Patient Experience Survey examines how satisfied patients are with the care and services provided and what their experience of St Vincent's has been.

Surveys are sent out monthly to patients who have been discharged, and the results are collated and reported back to St Vincent's every three months. The reports assist to identify strategies to improve services, patient satisfaction and the patient's health care experience.

The report also helps St Vincent's track performance over time and compare

results to similar hospitals both in Australia and in the United States of America. St Vincent's level of patient satisfaction is generally on par or higher when compared to other hospitals in the data base.

### WOULD YOU RECOMMEND ST VINCENT'S TO FRIENDS AND FAMILY AS A HOSPITAL TO RECEIVE HEALTH CARE?

Definitely	75.4%
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## VICTORIAN HEALTH EXPERIENCE SURVEY (VHES)

In 2015 St Vincent's commenced participation in the Department of Health and Human Services' Victorian Health Experience Survey.

Conducted four times a year, it surveys a sample of people who have recently been treated at a Victorian public hospital, with separate surveys for inpatients and emergency patients. The VHES asks patients a wide range of questions about their hospital stay, including the overall quality of care, how well doctors and nurses work together, whether staff are practising good hand hygiene, and the discharge process. The survey is available in English and 15 other languages.

The most recent results from surveys conducted in the April-June 2016 period demonstrated that St Vincent's patients are in generally highly satisfied with the experience of care we provide.

## VICTORIAN HEALTH EXPERIENCE SURVEY

### HOW WOULD YOU RATE THE CARE YOU RECEIVED WHILE IN HOSPITAL?

% who said good or very good	
St Vincent's	96%
Peers	92%
State	91%

### HOW WOULD YOU RATE THE CARE AND TREATMENT YOU RECEIVED FROM YOUR NURSES?

% who said good or very good	
St Vincent's	95%
Peers	97%
State	96%

## SVHM CONSUMER ADMINISTERED PATIENT EXPERIENCE SURVEY

The SVHM Patient Experience Surveys are conducted by volunteers at the patient's bed. The survey consists of 13 questions that require direct responses from consumers or carers and allows for additional free text comments.

From July 2015 to June 2016, 292 surveys have been conducted at wards across the health service.

Results have been positive and some areas for improvement have been identified. Often, feedback has been provided to the Nurse Unit Manager by the volunteer at the time of survey to allow for a prompt resolution. Feedback received from volunteers is that patients and carers are enjoying being able to spend the time to chat with volunteers and tell their story.

The results of the latest report show areas for improvement include patient dignity and privacy and medical and clinical staff communication. Excellent results are noted regarding the provision of nursing care and being treated with dignity and respect.

### DO THE MEDICAL STAFF CARING FOR YOU EXPLAIN THINGS IN A WAY YOU CAN UNDERSTAND?

Always	81.6%
Usually	2.4%
Sometimes	7.3%
Never	2.4%
Other	6.3%

### DO THE NURSING STAFF CARING FOR YOU EXPLAIN THINGS IN A WAY YOU CAN UNDERSTAND?

Always	91.7%
Usually	2.8%
Sometimes	3.8%
Never	1.7%

### DO THE CLINICAL STAFF LISTEN CAREFULLY TO YOU?

Always	82.6%
Usually	4.5%
Sometimes	10.2%
Never	2.7%

### ARE YOU AS INVOLVED AS YOU WANT TO BE IN THE DECISIONS ABOUT YOUR CARE AND TREATMENT?

Always	86.8%
Usually	4.6%
Sometimes	2.5%
Never	6.0%

### DO YOU FEEL THAT YOU ARE BEING TREATED WITH DIGNITY AND RESPECT?

Always	91.6%
Usually	2.4%
Sometimes	4.2%
Never	1.7%

'It's wonderful to be able to hear their stories. We're gathering a lot of valuable information through the survey itself, but the conversations with patients are just as important. And because we're talking to patients who are in hospital right now, if they share a concern with me, I can pass that on to the nurses straight away.'

– Sarah Gray, volunteer

'We are neither hospital staff nor family so in a sense they can say anything to us. From a personal perspective, I really enjoy talking to the patients. It is a truly humbling experience in many instances to witness both the patients and carers' courage and attitude in the face of very tough circumstances and futures.'

– Anne Speakman, volunteer

Right: St Vincent's volunteer Sarah Gray with patient Ana Marie Schreiner.







## ADDRESSING COMPLAINTS

St Vincent's uses the Victorian Health Incident Management System (VHIMS) for complaints. VHIMS is used by all Victorian State Government-funded hospitals and allows hospitals to compare their complaint themes and to learn from each other. All patient information is de-identified to ensure patient confidentiality.

It is important to ensure that there is a just culture to support effective and open reporting of complaints. The risk associated with this is that patients are not willing to report complaints for fear that their treatment will be compromised.

Ongoing education of staff in sensitive complaints management and face to face discussion with Patient Representative Officers and Quality Coordinators will assist in addressing this.

The complaint categories have remained static for some time with the issues relating to treatment and procedures comprising the greatest number of complaints followed by clinician communication.

## CHANGES AS A RESULT OF COMPLAINTS RECEIVED

The key improvements that have occurred over the past 12 months as a direct result of complaints:

- Establishment of a data base to not only track complaints but to record improvements

- Development of online mandatory training in complaints management
- Online Cultural Awareness training for all staff
- Open Disclosure training for medical staff
- Clearly identified Volunteers at main entrances to direct people to appointments etc.
- Patient Representative Officers and Quality Coordinators offer 'face to face' meetings to discuss concerns and offer explanations or information
- Increasing use of family meetings to discuss and resolve issues
- Ongoing collection of Patient Survey data by volunteers
- Patient Experience Surveys
- Review and feedback on draft complaint response letters by volunteers

The number of complaints has remained relatively stable from the previous year, which confirms that patients can access the complaints system easily and that they have the confidence that their complaint will be managed in a fair and equitable manner.

Total number of patient complaints 1 July 2015 and 30 June 2016	334
Total number of patient complaints 1 July 2014 and 30 June 2015	335
Clinician communication including documentation	34
Delay in access or administration	22

\*Period January to June 2016

## PROVIDING FEEDBACK

Patients wishing to pass on a compliment, make a complaint, or make a suggestion for improvement are encouraged to discuss the matter with the Manager, or are provided with the option to write directly to the Manager of the relevant department, or write to or call the Patient Representative Officer.

Feedback can also be provided online at [svhm.org.au](http://svhm.org.au) or through St Vincent's Facebook page.

St Vincent's has a formal process for recording and following up patient complaints, compliments and suggestions. The patient admission pack and information at each bed side explains how to provide formal feedback.

Patient Representative Officers ensure all feedback is followed up appropriately and in a timely manner.

Complaints, compliments and suggestions can be addressed to:

Patient Representative Officer  
PO Box 2900  
Fitzroy Vic 3065

## HELLO MY NAME IS...

Health literacy, the ability of a patient to understand their health information and participate in their health decisions, is at the centre of good patient communication and depends on many factors, one of which is effective communication in plain English.

There was a need to improve patient-clinician communication because the majority of patient complaints are often related to poor doctor/patient communication and avoidable misunderstandings.

In response, the Patient and Clinical Communication Project Working Party (PCCPWP) was established last year to identify the issues which enabled good communication between clinical staff and patients and to develop staff skills.



Effective communication starts with small steps. Many patients told us that they often didn't know the name of the staff who was speaking to them or what their job was, particularly if they were an inpatient in a ward. So the first step was to develop a name badge that was easy to read and would clearly identify the staff. Almost 400 patients and staff provided us their views about how the

badge should look – what size, name and job title the badge should have. The result is a simple easy-to-read badge that will be worn by all staff in all parts of the hospital.





# MEDICATION SAFETY

Medicines are the most common treatment used in health care and contribute to significant improvements in health when used appropriately.

However, medicine use can also be associated with harm and their common use means they are associated with more errors and adverse events than any other aspect of health care. While rates of serious harm are low, errors do affect health outcomes for people and healthcare costs. The prevalence of medication errors is of particular concern because the majority of these errors are preventable.

Knowing how adverse medication events occur and how they can be prevented is important for understanding how we can improve the safety and quality of medicines use, at the level of both individual practice and within systems for managing medicines.

## MEDICATION SAFETY EDUCATION

The Pharmacy Department and the Medication Safety Project Working Group has strong relationships with Medical and Nursing Education Centres to ensure all clinicians receive structured, practice-relevant and case-study focused medical safety education.

Medication-related incident reports showed despite introductory education sessions there are gaps in prescribers' medication safety knowledge. We have sought to improve this process by providing short, targeted talks to new doctors to facilitate good prescribing practices. This also allows fast feedback from any medication safety issues that arise on a weekly basis. This project has increased awareness among junior medical staff of medication safety risks as well as pharmacists' role in risk reduction and education.

Ward-based pharmacists frequently present to nursing staff and speak at the Nurse Workforce Unit Competency Study Days.

## MEDICAL STAFF ENGAGEMENT

The Medication Incident Review Group has been actively involved in increasing engagement with medical staff through the incident reporting system. The group meets weekly, and provides timely feedback to prescribers on unsafe practices and escalating unsafe practices or local trends to senior medical staff.

## IMPROVEMENT IN HANDLING SCHEDULE 8 MEDICINES

The National Standards Accreditation Survey in October 2015 highlighted that the documentation around the disposal of unused, unwanted or expired medicines did not always comply with our policy.

The surveyors identified disposal of unused portions of Schedule 8 (S8) medications, high risk medicines with potential for abuse and misuse, were not always documented in a manner which was compliant with legislation and local policy. Once audits were undertaken to assess documentation of S8 medication destruction and to identify gaps, the following steps were undertaken to improve compliance:

- Review of local policies and e-learning modules for compliance with legislation.
- Redesign of administration registers
- Education sessions and written material for nursing and pharmacy staff
- Pictorial policy summaries displayed in S8 storage locations

Repeat audits found an improvement in compliance with the policy around destruction documentation requirements.

This multi-faceted approach to improving S8 medication destruction documentation has resulted in consistently thorough, accurate and compliant results of all clinical areas, resulting in reduced risk of abuse or misuse of these high risk medications.

## CONSUMERS REPRESENTATIVES



The Medication Safety Project Working Group were delighted to recruit two new consumer members to the group in March.

Originally trained as a pharmacist, Sue Foran has more recently worked in drug development. Tricia Greenway joins us with a wealth of consumer experience on many National Committees over the years, including a role as a consumer Board Member on the Australian Integrated Medicine Association.

With their wealth of consumer and pharmacy experience, both consumer representatives are providing valuable contributions to the monthly meetings.

# PREVENTING SPREAD OF INFECTION

St Vincent's Hospital Infection Control department educates staff on how to limit the potential spread of infection through good hygiene practices such as thoroughly washing hands. The team also tracks the rate of infection and is continually looking for ways to improve practices.

## SAB

Staphylococcus Aureus Bacteraemia (SAB), sometimes known simply as Staph infection, is typically acquired in hospital. St Vincent's rate of SAB infection for 2015-16 was 0.90 per 10,000 bed days, which is significantly lower than the target of 2.

## CENTRAL LINE INFECTIONS IN ICU

Central line infections can occur when a central line – used to give fluids and medications – is inserted into a major vein. St Vincent's rate of central line-associated bloodstream infection in ICU is 0.6 per 1000 device days.

## INFLUENZA VACCINATION

Every year in Australia there are over 96,000 recorded cases of influenza. Immunisation of people who are at risk of complications from influenza is considered the most important strategy to reduce the number of influenza infections and deaths. High coverage rates for immunisation in healthcare workers are essential to reduce transmission of influenza in healthcare settings.

The Department of Health and Human Services (DHHS) set a target of 75% of healthcare workers to be vaccinated. SVHM conducted a vaccination

campaign over a 14 week period, with an internal KPI to receive an 80% response rate from all staff.

This includes consent for vaccination, confirmation of vaccination elsewhere and declination of vaccination. At the completion of the campaign 79.2% of staff vaccinated, a substantial increase from previous years. This is an increase of 1.2%, from 78% in 2015 and compares favourably to the state-wide aggregate of 79.9%. SVHM was recognised by DHHS with a Certificate of Excellence for the exceptional efforts undertaken by staff in achieving the target compliance.

## CONTROLLING INFECTION THROUGH HAND HYGIENE

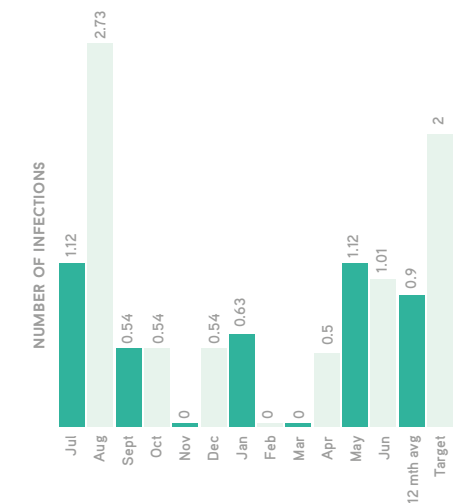
Hand hygiene is a term that describes both hand washing using soap and water, and cleaning hands with alcohol-based hand sanitisers. Hand hygiene is the most effective way to stop germs from spreading. Hand hygiene compliance refers to how often and in what situations staff should wash their hands.

The Department of Health and Human Services has set the minimum compliance rate for health care workers at 80 per cent. St Vincent's measures hand hygiene compliance three times a year. With an overall compliance rate of 83.1% for 2015-16, St Vincent's is performing above the Victorian standard and the SVHA benchmark of 80%.

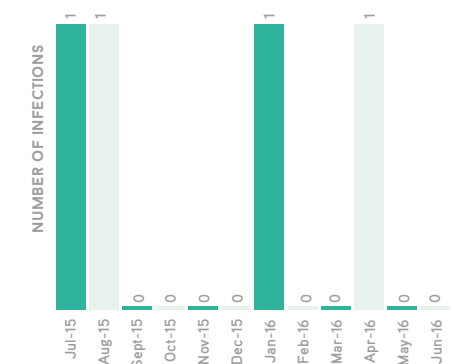
## HAND HYGIENE COMPLIANCE

	SVHM	SGHS	Target
October 2015	83.7%	82.4%	80%
March 2016	82.3%	84.9%	80%
June 2016	83.4%	90.2%	80%

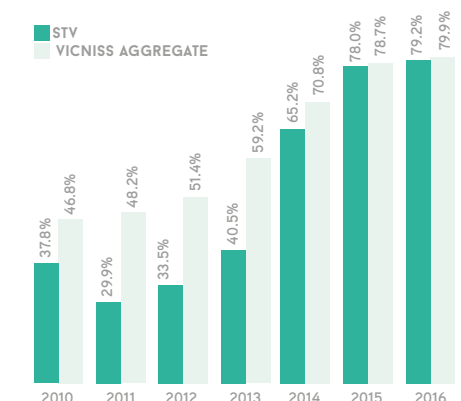
## YEARLY AVERAGE SAB RATES AS A PERCENTAGE OF INPATIENT ADMISSIONS (PER 10,000 BED DAYS)



## CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS



## SEASONAL INFLUENZA VACCINATION RATE





# FALLS

St Vincent's Hospital Melbourne has set itself a target to reduce the occurrence of falls by 50% over the next three years. While the overall falls rate has slowly declined since 2013 (see graph), the rate of serious harm and injury at SVHM remains high.

In response to the increasing number of falls resulting in harm, a new process was introduced during 2016 called the Falls PIT STOP.

## PATIENT INJURY TIMEOUT (PIT) STOP

A Falls PIT Stop (or post fall huddle) brings together key members of the multidisciplinary team as soon as possible after a fall to look at all the factors that contributed to the fall. The PIT STOP not only provides an immediate re-assessment of the patient but is designed to identify environmental, situational or ward factors that may have contributed to the patient fall. By identifying the root cause of a fall, each ward and the organisation can identify where system and processes can be strengthened to prevent future falls.

A pit stop consists of two steps following a patient fall:

**Step 1: Patient Injury Time Out (PIT)**  
an immediate assessment of the patient and the factors that were involved with the fall.

**Step 2: STOP** now and look (not later)  
– a multidisciplinary team meeting to identify the root cause(s) of the fall and develop strategies to prevent future falls.

## WHAT HAVE WE IDENTIFIED SO FAR?

Information gained at the PIT stops demonstrate that the most common contributing factors to falls include patient cognition, continence and patient engagement particularly for patient from non-English speaking background.

The key strategies employed to prevent future falls include methods to increase visual observation of the patient (proximate alarms, moving patient to high visibility areas) and providing patient/family education to ensure that patients are using the call bell to notify staff when walking.

## HOW ARE WE INCREASING FALLS AWARENESS?

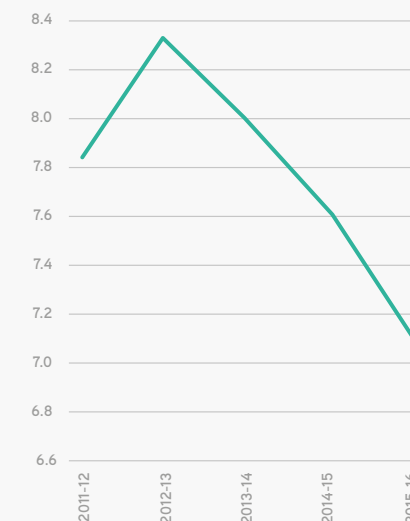
Falls Expo: Each year a falls expo is conducted at SVHM at either Fitzroy or St George's, Kew campus. The expo welcomes both staff and patient attendance.

Ward Huddles: Each week at the individual ward huddle every patient fall is discussed to promote shared learning within the multidisciplinary team.

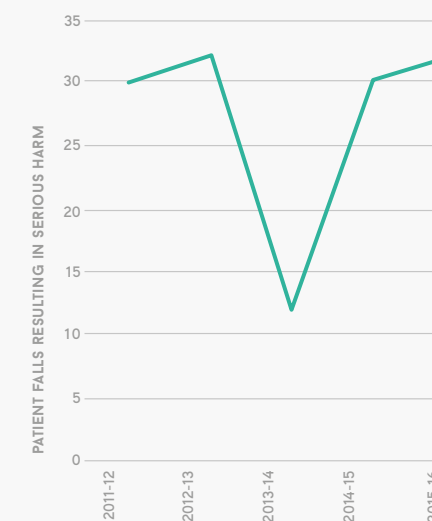
'Falls Focus' Bulletin: The falls working group produce a bulletin circulated to all staff each month highlighting shared learning's from falls and fall prevention strategies. This includes case studies and data.

Bedside Audits: Completed bimonthly with targeted questions relating to falls risk assessments and fall prevention strategies.

OVERALL FALLS RATE PER 1,000 OCCUPIED BED DAYS



FALLS WITH SERIOUS HARM



## TO PREVENT A PRESSURE INJURY PATIENTS ARE ENCOURAGED TO:

- move, move, move
- look after skin and advise the nurse of any changes to skin condition
- eat a balanced, healthy diet
- ask the nurse to explain your pressure injury prevention and management plan including pressure relieving equipment.

## PREVENTING AND MANAGING PRESSURE INJURIES

A pressure injury, also known as a bed sore or ulcer, is an area of skin that has been damaged due to unrelieved and prolonged pressure. A pressure injury is usually found on a bony part of the body like the hip, tail bone (sacrum) or heels.

Although pressure injuries are preventable, they continue to remain a problem in all healthcare settings. Pressure injuries can negatively impact on patient morbidity, mortality, level of pain and discomfort, mobility and independence and involve long hospital stays. The management of pressure injuries at St Vincent's involves a multidisciplinary team approach.

### SKIN INTEGRITY

Skin Integrity can be defined as skin being whole, intact, undamaged. The Skin Integrity Project Working Group oversees pressure injury prevention and management, using an action plan to prioritise and organise goals. They review pressure injury prevalence and serious incidence, audit local ward compliance with guidelines and policies, evaluate and disseminate pressure injury data and ensure alignment of policy with best practice.

Each local unit has a nominated Skin Champion – a nurse who acts as a link for communication between the local ward area and the working group.

There is also a community representative on the working party to provide a consumer perspective.

### The action plan items include:

- Investigate the benefit of a hygiene wipe and barrier spray for the prevention of Incontinence Associate Dermatitis in the Intensive Care Unit.
- Provide staff with education on the use of prophylactic silicon based dressings for the prevention of sacral and heel pressure injuries.
- Implement a dressing bank that will allow all nursing staff access to dressing products when they are required and will result in better outcomes for patients and a reduction in costs associated with the correct product being used.
- Develop an education support program for the skin champions to empower them to take a lead in all things relating to skin care.

## PRESSURE INJURY POINT PREVALENCE SURVEY

The St Vincent's Pressure Injury Point Prevalence Survey was conducted on 12 July 2016. It covered all inpatient wards in the Main Building and the Bolte wing. This included the Intensive Care Unit (ICU), surgical, medical and subacute wards. The Skin Integrity working Party will use these results to help inform improvement plans moving forward.

The data of most interest is that of hospital acquired pressure injuries. These are the injuries that we, as health professionals can prevent. The point prevalence of patients with hospital acquired pressure injuries in this year's survey is 7%; this is down from 10% in the last survey in October 2014.

### PATIENT EDUCATION

A pressure injury can prolong a patient's recovery and the time spent in hospital.

Patients are at a greater risk of pressure injury if confined to bed, a chair, have limited sensation or circulation, have poor nutrition or are unwell.

When admitted to St Vincent's, an assessment is conducted to determine risk of developing a pressure injury.



## OUR IMPROVEMENT FOCUS

SVHM monitors and reports weekly on the ten most significant performance indicators at the Executive Performance Matters Board meeting.

This stand-up meeting includes the CEO, Executive and the General Managers and aims to report on progress towards targets to reduce performance gaps and engage in problem solving discussions. One of the performance indicators is falls with serious harm.

Over the past 12 months there has been an increase in the number of falls in the Correctional Health setting at Port Phillip Prison with four resulting in serious harm. The increase in falls is partly due to the ageing prison population with an increasing number of infirm patients as well as patients with cognitive impairment. It is also due to the prison environment, with patients spending a significant amount of time restricted to their cells, which restricts visibility for the nursing staff and prison officers. Some specialist equipment may not be available for security reasons. The management of falls risk within the prison setting is complicated and requires unique solutions.

With the agreement of the prison management, several falls risk mitigation strategies are now in place for patients at risk of falls:

- Adjustable height arm chairs are being sourced so that patients can lower themselves into and push themselves out of the chair
- Shower chairs and hand-held showers have been purchased for patients who require assistance with bathing.
- Non-slip paint has been applied to the bathroom floors.
- Communication between nursing staff and prison officers was improved with 'high risk falls' patients identified on admission to ensure they are always supervised when allowed out of their cells.
- Signs have been placed on the outside of cell doors to inform prison officers that patients are at risk of falls and should not leave their cells without their gait aid.
- Signs have been strategically placed inside the cells to remind patients to:
  - > request assistance to mobilise around their cell
  - > always use their gait aid
  - > and not to leave their cell without their gait aid

A standing hoist has been ordered which will assist with moving patients from the chair to the bedside.

## SAFE AND APPROPRIATE BLOOD TRANSFUSION

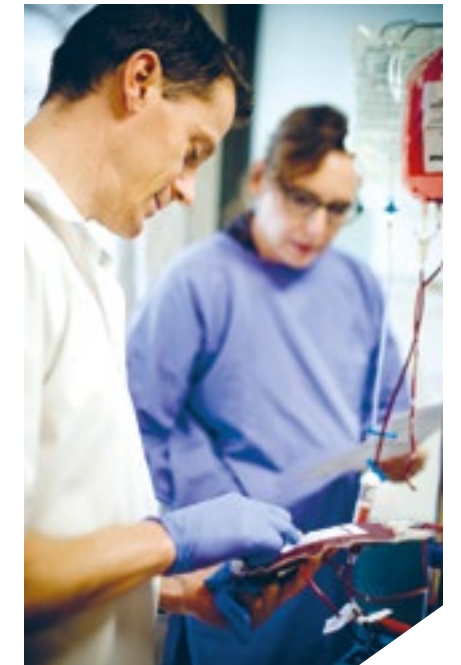
SVHM transfuses in excess of 1,200 blood components/products each month with cardiothoracics, orthopaedics, haematology and oncology departments some of the biggest using departments.

Standard 7 of the Australian Safety and Quality in Health Service Standards, Blood and Blood Products, requires that health services take action to minimise the wastage of blood and blood products. The SVHM Transfusion Committee is supported by a Blood Transfusion Nurse/Quality Officer and directs transfusion practice across

the organisation to ensure patients' transfusion requirements are met and wastage is minimised.

SVHM have policies, procedures and protocols that reflect best practice and national evidence based guidelines and clinicians can access these via the hospital intranet. A regular Transfusion Bulletin is published periodically to share wastage figures, audit results, policy updates, incident summaries, transfusion activity and general transfusion safety advice.

The Transfusion team monitors the use and waste of blood components/products very closely. During 2015-16, blood component wastage levels were below the target of 2% set by the National Blood Authority for Victorian Health Services.



## PUBLIC SECTOR RESIDENTIAL AGED CARE

SVHM has three residential aged care homes which contribute to the Victorian Department of Health's Quality Indicator Program.

The aim of the Quality Indicator program is to improve care to residents. The services are Auburn House in Hawthorn East, Cambridge House in Collingwood and Riverside House in Richmond.

Auburn House and Riverside House are thirty bed high care psychogeriatric services. The residents in these facilities are often more mobile than in other high care service but have complex medical and psychiatric diagnoses requiring complex medical and nursing management strategies.

Cambridge House is a thirty bed mainstream facility specialising in the provision of care to residents with high care and often complex needs.

All of the services are active contributors to the St Vincent's overall quality systems. A best practice, person centred approach is embedded into the continuous quality improvement cycle. The quality indicators program provides information to residential aged care homes and consumers about the home's clinical performance.

The Quality indicators are:

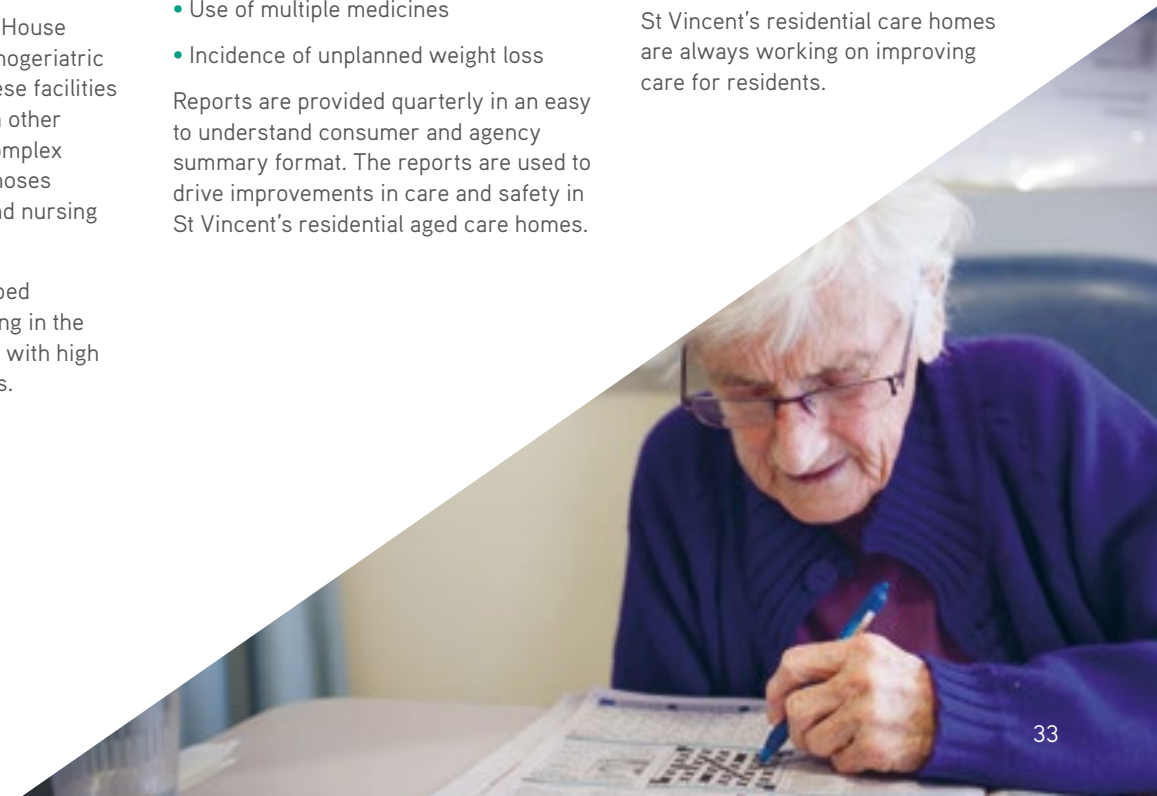
- Number pressure injuries
- Number falls and falls-related fractures
- Use of physical restraint
- Use of multiple medicines
- Incidence of unplanned weight loss

Reports are provided quarterly in an easy to understand consumer and agency summary format. The reports are used to drive improvements in care and safety in St Vincent's residential aged care homes.

Examples of the overall improvement made by St Vincent's residential aged care homes in 2016 in the April to June quarter include:

- A lower incidence of pressure injuries compared to other similar sized homes
- A lower incidence of falls compared to other similar sized homes
- An overall reduction in the use of restraint
- An overall reduction the number of medications prescribed
- A lower incidence of weight loss compared to other similar sized homes

St Vincent's residential care homes are always working on improving care for residents.





# ADVANCE

## Care Planning

Advance Care Planning is a process of planning your future health and personal care, including your values, beliefs and preferences.

This can guide doctors to make clinical decisions about your care in the future if you are unable to make choices or communicate your own wishes. *bestCARE*, SVHM's Advance Care Planning program, is in line with the Victorian State Government policy.

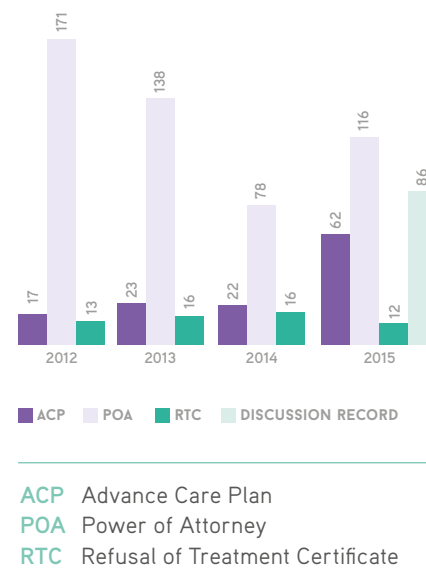
Since the introduction of *bestCARE*, there has been an increase of 65% in documented ACPs in Medical Records Online (MRO), with 62 patient ACPs recorded in MRO in 2015, with the average age of completion being 66 years.

Of the 62 patients with an ACP in 2015, eight of these patients died, with seven dying at SVHM. The wishes of the patients documented in their ACP were respected for all seven patients.

The ACP Discussion Record was introduced in July 2015 for patients that may not have completed a written ACP, however had verbal discussions documented. These are an important part of the ACP process and can help with clinical decision making. For the six month period the ACP Discussion Record was available, discussions were recorded on 86 patients. Seven of these 86 patients also had an ACP on file for the year 2015.

With both the ACPs and ACP Discussion Record on file for 2015, 141 patients had wishes recorded, compared to 22 in 2014.

### NUMBER OF DOCUMENTS BY YEAR



### MORE INFORMATION

For further assistance with Advance Care Planning speak to your doctor or health care team. For an information pack on how to do Advance Care Planning please contact the Advance Care Planning Program Manager, Caroline Scott on 9231 2847 or at [bestcare@svhm.org.au](mailto:bestcare@svhm.org.au).

### CASE STUDY

After Mark Tran, an Exercise Physiotherapist for Subacute Ambulatory Care Services attended the Advance Care Planning (ACP) Workshop, he discussed the topic of ACP in his Pulmonary Rehab class.

He progressed this conversation further with one of his clients. Jan was a retired nurse and widow, who sadly lost her son 20 years ago and her daughter four years ago to cancer. Jan showed great inner strength and resilience from the extraordinary difficult situations presented to her throughout her life.

Jan already had an ACP, but in light of her new terminal diagnosis decided to review her ACP and update her Medical Power of Attorney (MEPOA). Mark facilitated these ongoing conversations with Jan and these updated documents were scanned into Jan's medical record.

It was really important for Jan to know that her wishes were documented and known, given her husband and children were not able to speak for her should the situation arise. As Jan's condition deteriorated, Jan was admitted to SVHM. The conversations Mark and his team had with Jan made her wishes very clear to the treating team and therefore her care was optimised even though she was increasingly succumbing to delirium.

Sadly Jan passed away in June of this year from complications of cancer. In her final days at Caritas Christi Hospice, she was reunited with her grandchildren which no doubt was a joyous experience. Jan was a wonderful participator in pulmonary rehabilitation and the staff learnt as much from Jan as she did from the rehab team.

### IMPROVEMENTS

The Advance Care Planning program continues to develop resources for staff and patients. Currently, the *bestCARE* brochure, 'What matters to you', is being translated into four languages other than English to meet the needs of patients from diverse cultures.

### PLANNING AHEAD

On Grand Final Day in 2015, Val Dunn would have loved to have been watching the Hawks take on the Eagles, even if her beloved Bombers did not even make the finals.

Instead, Val was sitting in the Emergency Department. Val knows the ED well, having trained as a nurse at St Vincent's many years ago, before becoming the nurse in charge of the ED in the 1970s.

As the siren sounded to begin the final quarter of the Grand Final, the ED doctor approached Val. 'Sorry Val, I have some bad news for you.' With those words, Val knew her life would be changed forever.

Val was diagnosed with terminal cancer and admitted to the ward for further treatment. Over the next few days, Val lay in bed in a room whose design she'd helped to layout, contemplating her next steps.

Val decided to never give up, and over the next few months she underwent many rounds of chemotherapy. During one visit Val met Sue, a Social Worker, who introduced a discussion on Advance Care Planning.

Val knew what mattered to her. 'My nursing experience, family values and my mother's death helped shape my views and wishes,' Val says. 'I don't want to prolong life without quality of life – I want to keep my dignity.'

Val revised her Will and Powers of Attorney (Financial and Medical). She never married nor had any children, so she chose a trusted and knowledgeable friend to be her Medical Power of Attorney. This person will make medical treatment decisions on behalf of Val when she is no longer able to make decisions herself.

'Dignity and respect are important to me and having my Powers of Attorney and an Advance Care Plan in place has given me peace of mind,' Val says.

Below: Val Dunn





# COMMUNITY

## Advisory Committee

The Community Advisory Committee (CAC) provides advice to the St Vincent's executive and national Board on behalf of the community.

The CAC meets bimonthly and discusses key items including consumer participation indicators, patient experience and satisfaction surveys and ratings, the National Safety and Quality Health Service Standards, quality projects and ways to progress the objectives on the Consumer and Community Participation and Carer Recognition Plan.

The St Vincent's Consumer and Community Participation and Carer Recognition Plan is a living document that is reviewed at each meeting and updates to the plan are provided.

**The current plan has 30 strategies in place, including:**

- Involving consumers on clinical committees. There is a consumer on each of the Skin Integrity, Medication Safety, Falls and Partnering with Consumers working parties as well as the Executive Clinical Improvement and Innovation Committee, *best*CARE Steering Committee, Specialist Clinics Advisory Committee, Nutrition Committee, Pharmacy Quality Council, St Vincent's Smoke Free Advisory Group, Neurosurgery Physiotherapy Spinal Triage Clinic Steering Group, Cardiac Rehabilitation Education Program and the Emergency Department Quality and Safety Committee.

The Consumer members on each of these working parties and committees have full voting and decision-making responsibilities and ensure that the consumers' perspective is addressed in all discussions.

- An Accessibility and Inclusion Plan (formerly Disability Action Plan) is in place and was updated in August 2015. Online education is available on an ongoing basis to assist staff in communication with patients with a disability. Progress against the identified Key Performance Indicators is reported annually.

- The CAC reviewed several patient and carer brochures relating to Blood Transfusion Information, Patient Health Screening Questionnaire, Patient Antibiotic Information, Victorian End-of-Life Care Coordinating Program and Victorian Dual Disability Service (VDDS) Consumer Information and provided valuable feedback from a consumer perspective to ensure that this important information meets the needs of patients and carers. The CAC was also consulted during the St. Vincent's service planning process and participated in a St. Vincent's Service Planning workshop. The CAC is also consulted in the preparation of the Quality Account providing feedback on content and presentation. The CAC also provides feedback on policies relating to consumer participation and the development of written information as part of the policy approval process.

- Members of the CAC and Consumer Register participated in the SVHM service planning workshop, providing feedback on consumer expectations and contributing to discussions regarding service structure and models and providing access to appropriate care. Consumer representatives endorsed the strategic direction of SVHM's clinical service plan. Health literacy and communication were two areas that consumer representatives felt needed particular focus and should be embedded within service planning.
- The CAC has developed a Committee Work Plan that includes activities such as conducting bedside patient experience surveys and reviewing

patient and carer complaint responses. These activities continue to progress and have resulted in valuable immediate feedback from patients, carers, staff and volunteers.

- The CAC continues to distribute its minutes to important committees throughout the health service.

The CAC continues to be focused on developing ways to ensure consumers receive appropriate health information to assist in understanding their condition and treatment options and ways to partner with consumers to improve their experience.

The CAC has 12 consumer and community members, with a direct link to the St Vincent's Health Australia Board via the Hospital Chief Executive Officer. The St Vincent's Executive Director Aged and Community and other Executives also attend to provide updates and to report back to the Hospital Chief Executive Officer and senior management. St Vincent's staff continue to attend meetings to present on key quality improvement activities and gain valuable feedback.

A Mental Health Consumer Reference Committee representative is a member of CAC and provides meeting minutes and shares information on strategies and initiatives being undertaken in the Mental Health service in relation to consumer participation.

Chaired by Ms Bronwyn Williams since June 2012, current consumer members are:

### MS BRONWYN WILLIAMS

Bronwyn is a recently retired Senior Public Servant having worked in fraud analysis, risk and contract management for the Department of Veterans' Affairs. Bronwyn previously worked in the management of aged, disability and human services for over thirty years across the three levels of Government.

Bronwyn currently volunteers as a member of the Victoria University's Alumni Advisory Board where she undertook post graduate studies and attained a Master of Health Science. Bronwyn has much previous experience as a member of governance boards and advisory committees.

### MS SARAH GRAY

Sarah is a medical scientist who works full time in a large diagnostic pathology laboratory. She is currently a volunteer for a health service emergency department and was a past volunteer for a soup kitchen at St Kilda.

### MS KATRINA KNOX

Katrina is the Director of Community Development, the largest Directorate for the Darebin City Council with over 560 staff. Katrina brings with her an important community perspective for clients and residents who are cared for in the community setting.

### MS TINA BOUREKAS

Tina is the Senior Coordinator Ageing and Disability Services with the city of Boroondara. Tina has a social work background with over 20 years experience in the Welfare sector. She has spent the last two and a half years in Local Government providing services to frail aged and younger people with disabilities within the home, under the HACC (Home and Community Care) program.

### MR ADRIAN MURPHY

Adrian is Manager Aged & Disability Services at the City of Yarra, overseeing the community-based Home and Community Care program, Council's Disability Access and Inclusion policy and Positive Ageing Strategy. Currently his focus is on implementation of the National Aged Care and Disability Care Reforms. Adrian is also the current chair of the Inner North West Primary Care Partnership.

### MR JAS STRETEN

Jas began volunteering in the local community when he moved to Melbourne 15 years ago from the Northern Territory. Jas has experience in a range of senior management roles in the private sector covering sales, customer service and operations. Jas is committed to and is an enthusiastic advocate for the delivery of quality services in the public health system.

### MS ANNE SPEAKMAN

Anne brings extensive experience in advocacy, counselling and training within varied roles in the community over several years.

### MS WENDY BENSON

Wendy has been a patient at SVHM since June 2012. Wendy is eager to assist and give back to the hospital that has helped her so much during her journey. Wendy has a background in business as well as membership of a number of community committees as both board member and Chairperson and was also a member of a Cancer Connect group of volunteers that help assist other patients or carers with understanding their situation.

### MS CHARMAINE WEEKS

Charmaine is a consumer representative on the SVHM Partnering with Consumers PWG. Charmaine is also a volunteer at SVHM Normanby House where her mother enjoyed day respite care. Charmaine has strong links with a range of community organisations. She is an accredited coach supporting emerging managers in remote Australia.

### MS CUC LAM

Cuc has extensive experience in community health and cultural diverse communities and is currently a consumer representative on the Western Health CAC as well as other community committees.

### MR JEREMY LE ROUX

Jeremy has a background in digital media and teaching. He has experience in peer support work in the Mental Health sector. He is currently a working with Neami to increase consumer participation opportunities at their Regent office. Jeremy is also a volunteer in the Mental Illness Fellowship's Life in Community program where he assists participants who have been staying at the Prevention and Recovery Centre (PARC) to participate in local community and social inclusion activities.

### MS ANGELA FITZPATRICK

Angela has a Human Resources background as well as many years of experience in consumer advocacy. Angela has a particular interest in family violence and the provision of adequate responses for women with disabilities who experience violence and is Secretary of the Safe Futures Foundation. Angela is also a member of the Consumer Reference Group of the Outer East Health and Community Support Alliance and the Consumer Advisory Committee of Eastern Health.

### MS KATRINA GRANTHAM

Katrina has a background in communications including consumer advocacy and community consultation. Katrina has and currently volunteers for various community organisations.

Further information on consumer participation at St Vincent's can be found on the St Vincent's Hospital website [www.svhm.org.au](http://www.svhm.org.au) or by contacting the Community Advisory Committee resource officer on (03) 9231 3940. Volunteers to join the consumer register are always welcome.



# THE VALUE of community input

Are you interested in playing an integral role in shaping patient experience across St Vincent's? Then you might consider joining the team and become a Community Advisory Committee member.

The Community Advisory Committee (CAC) is a key committee with an important role in shaping the future of consumer engagement and patient experience at St Vincent's.

The CAC advocates for patient centred care and assists the health service by portraying the patient and carer journey of care through their eyes. Consumers also provide feedback on health information to ensure that it is appropriate in language, font and layout to help consumers understand their condition and treatment options.

The committee meets every two months and has 11 consumer and community members who volunteer their time to provide advice on behalf of the community. The CAC is a key part of the hospitals' improvement process, with Executive staff giving updates at the meetings and the Committee reporting back to the Chief Executive Officer and senior management.

If you know of a consumer or carer who might be interested in joining the CAC, please contact the CAC resource Officer on (03) 9231 3940.

## ST VINCENT'S CONSUMER REGISTER

The St Vincent's Consumer Register is a list of interested consumers and carers who are available to be consulted for:

- Provision of feedback on patient information resources, e.g. brochures
- Participation in interviews/ focus groups/ discussion groups on particular issues
- Participation as a consumer representative on a working group/ project steering group

Members of the Consumer Register participate as much or as little as they wish, depending on their circumstances. For more information, contact Mrs Denise Reynolds on 9231 2558.

## DOING IT WITH US NOT FOR US 2015-2016

The Department of Health and Human Services (DHHS) requires annual reporting of progress against the five consumer participation standards and indicators in the Doing it with us, not for us 2010-2013 Strategic Direction.

'To me, membership of the CAC is a responsibility to provide an independent consumer's perspective. My input helps the organisation remain focused on the consumers and their needs. I feel very fortunate to see firsthand the approach of the organisation in generating and implementing initiatives that are patient, consumer and carer focused.'

— CAC member

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. STANDARDS FOR CONSUMER, CARER AND COMMUNITY PARTICIPATION IN VICTORIAN PUBLIC HEALTH SERVICE

#### ST VINCENT'S PERFORMANCE

1. The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.

Results for this standard continued to indicate 100% compliance in all areas, which included consumer and carer policy and participation plan implementation review and refresh, recording and reporting consumer and carer participation to the wider community, implementation and evaluation of the Cultural Responsiveness Plan, implementation and refresh of the Accessibility and Inclusion Plan, implementation of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program, systems and processes to consult and involve consumers, and building the capacity of staff to support consumer participation.

2. Consumers and, where appropriate, carers are involved in informed decision making about their treatment, care and wellbeing at all stages and with appropriate support.

Due to the cessation of the Victorian Patient Satisfaction Monitor (VPSM) and implementation of the Victorian Healthcare Experience Survey (VHES), the consumer participation indicator result for acute services is not available however, results to comparable questions in the VHES indicated positive results when compared to our peers. The percentage of residents/families/carers satisfied with their involvement in decision making exceeded the DHHS target of 75 percentage points for the period October 2015 to December 2015.

SVHA conduct Patient Experience Surveys quarterly. Comparable questions relating to residents/families/carers satisfaction with their involvement in decision making consistently indicated results above 85 percentage points.

3. Consumers, and, where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care.

Similar questions in the VHES indicated positive results when compared to our peers. The percentage of residents/families/carers satisfied with the information received about managing their health and care at home exceeded the DHHS target of 75 percentage points for the period October 2015 to December 2015.

The implementation of a system to improve accessibility of patient and carer information brochures resulted in increased monitoring and compliance with the DHHS standard and target of 85 percentage points. The result of 100% compliance was achieved for the majority of the reporting period.

4. Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and program on an ongoing basis.

Results for this standard indicated 100% compliance in all areas which included strategic planning, service, program and community development, quality improvement activities such as patient experience surveys, monitoring and evaluating feedback and complaint responses, participation in governance committees and working parties and inclusion in the development of consumer health information.

5. The organisation actively contributes to building the capacity of consumers, carer and community members to participate fully and effectively.

This standard was met with the inclusion of consumer representatives on St Vincent's committees and working parties such as: the Executive Clinical Improvement and Innovation Committee, Partnering with Consumers PWG, Medication Safety PWG, Skin Integrity PWG, Nutrition Committee, Specialist Clinics Advisory Committee, Pharmacy Quality Council, *bestCARE* Steering Committee, SVHM Smoke Free Advisory Group, Neurosurgery Physiotherapy Spinal Triage Clinic Steering Group, Emergency Department Quality and Patient Safety Committee and the Cardiac Rehabilitation Education Program.

Consumers were also involved in a range of forums, workshops and orientation programs during the reporting period, enabling consumers to network with other organisation consumer representatives, contribute to the SVHA Patient Experience structure and understand the operational and cultural aspect of SVHM.





# MAINTAINING

*a high standard*

St Vincent's Hospital has many different services sites that are regularly reviewed by a number of accreditation organisations.

St Vincent's has been accredited by the Australian Council on Healthcare Standards (ACHS) since 1976. The four residential aged care facilities – Auburn House, Cambridge House, Prague House and Riverside House – are fully accredited with the Aged Care Standards and Accreditation Agency (ACSAA). The general practice clinics at St Vincent's, in St Kilda and Brunswick, are fully accredited by Australian General Practice Accreditation Limited. Other accreditations include the pathology and radiology departments, which are accredited by the National Association of Testing Authorities; and the Breast Screen service which is accredited through Breast Screen Australia, Home and Community Care (HACC), the National Respite Carer Program (NRCP) and the Dual Disability Service under the Department of Human Services Disability Program.

## IMPROVING QUALITY AND SAFETY

St Vincent's has a clinical governance program which works to improve the quality and safety of services and ensures appropriate systems and processes are in place to achieve this goal.

St Vincent's undertakes quality planning at a local unit/department level that takes into account a range of factors including accreditation results, risk assessments, benchmarking results and state, national and international safety and quality priorities. The quality plans also include recommendations from accreditation processes and strategies to address any areas of underperformance.

Exceptions to the plans can be escalated to the St Vincent's Executive Committee via the peak Clinical and Corporate Improvement and Innovation Committees. Through the St Vincent's Chief Executive Officer, the St Vincent's Executive committee reports to the St Vincent's Health Australia Chief Executive Officer and to the St Vincent's Health Australia Board.

The St Vincent's Executive Committee and the Executive Clinical, Corporate and Support Improvement and Innovation Committees have focused on several important state, national and international quality and safety priorities. They include:

- improving environmental sustainability
- monitoring patient satisfaction
- monitoring food safety, radiation safety and cleaning audits
- infection, falls and pressure ulcer prevention and management
- improving and monitoring the care of the deteriorating patient
- improving and monitoring the process of patient handover
- keeping the length of hospital stays within national parameters
- introducing and reviewing electronic clinical decision support systems
- reviewing best practice clinical tools such as clinical pathways
- improving emergency management performance during times of high demand.

## ACCREDITATION AT ST VINCENT'S

In October 2015, St Vincent's welcomed eight surveyors from the Australian Council on Healthcare Standards as it underwent an Organisation Wide Survey; that is, accreditation against the 10 National Safety & Quality Health Service Standards, the 15 EQIP National Standards and an In-Depth Mental Health Review against the requirements of the National Standards for Mental Health Services.

All criteria were met, including 59 'Met with merit' ratings, with only one recommendation made from the surveyors.

The Victorian Dual Disability Service was also reviewed and met all of the four criteria and 16 standards.

In preparation for this survey, each Standard had a dedicated committee set up to ensure that the requirements of each standard are met. The peak Quality Committee receives periodic reports as a process to reassure the committee that gaps are being addressed and that improvements are being sustained.

Many of the surveyors commented on the openness and transparency of staff, whether they were speaking with surveyors, each other, or the people in their care.

They observed that not only did SVHM have strong systems of monitoring and audit but those systems lead to action and improvement. They appreciated the "openness of staff about what you need to improve but, most importantly, what you are going to do about it".

They thanked staff for the compassion and friendliness they encountered everywhere. One surveyor said: "The enthusiasm and passion is really quite something to see."

They commended staff on their collaborative approach to care, and the clear compassion and commitment to meeting the needs of the most marginalised in our community. They said that St Vincent's had embraced and embedded consumer, carer, and community partnership.

## VICTORIAN AUDIT OF SURGICAL MORTALITY PROGRAM

The Victorian Audit of Surgical Mortality (VASM) Program aims to ensure a high standard of surgical management across the state and provide peer review of all deaths that occur during a surgical admission.

Participating surgeons complete case forms for all patients who have died following a surgical admission at hospital. The case forms then undergo a review by an independent auditor and in some cases a second line review is undertaken. The aim of the audit is to identify improvement opportunities in surgical management.

These opportunities are provided back to surgeons and hospitals in the form of case booklets and an annual report. Participation of surgeons in this program has increased over time and it is now a compulsory component of the Australian and New Zealand Surgical Audit of Mortality for Continuing Professional Development (CPD) compliance.

In the 2015 VASM Report, a range of recommendations were provided based on the outcomes and themes identified by the audit. SVHM has worked towards addressing these recommendations in a variety of ways.

VASM recommended that hospital have improved leadership in patient management, so that where there are complex problems, there is 'clear, demonstrable leadership' and that the 'treatment plan for each patient should be understood by all involved in their care'.

The importance of clear leadership in complex cases has also been identified by our own mortality and clinical review audits and reviews. In an endeavour to improve in this area, a set of guidelines have been developed to support the appropriate communication between our Intensive Care Unit and other Speciality Surgical teams. These guidelines were developed in partnership with the relevant teams to ensure that everyone involved in the care of complex cases understood their role and communication standards. Training in our Simulator Centre also focusses on the required roles of each person in an emergency situation.

SVHM continues to work to improve our surgeon participation rate, which is currently 77%. Participation rates of surgeons are provided to Surgical Heads of Units and VASM recommendations are reviewed by the Hospital Mortality and Clinical Review Committee for consideration and review.