



ST VINCENT'S
HOSPITAL
MELBOURNE

Quality Account
2019-2020

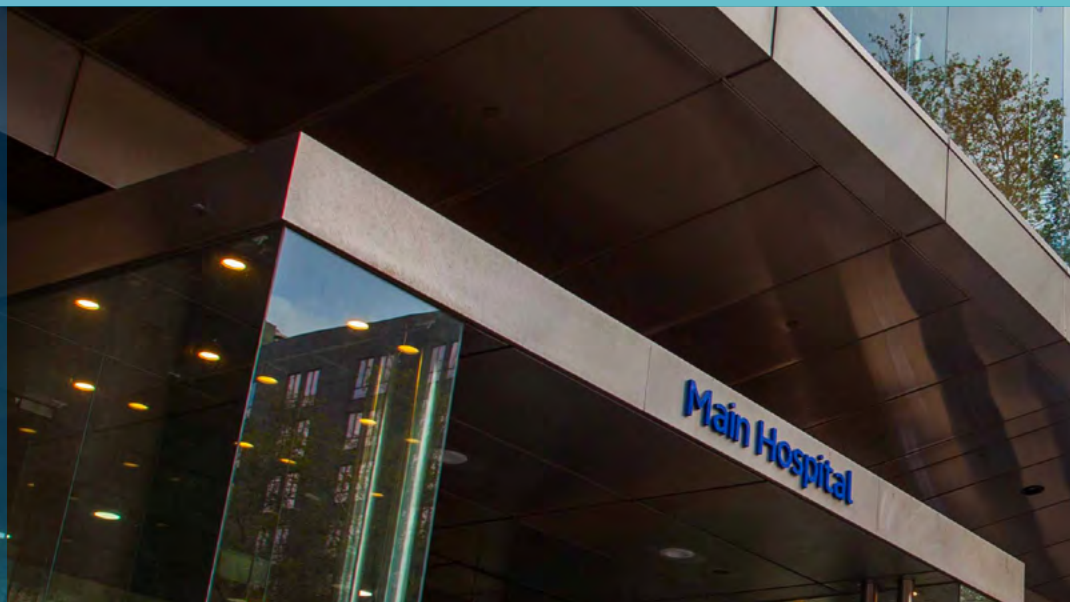


ST VINCENT'S CARES

ALWAYS HAS. ALWAYS WILL.

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 healthcare for Indigenous Australians.



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WELCOME

On behalf of St Vincent's Hospital Melbourne, I am delighted to present the Quality Account for 2020.

Within the pages of this publication are outstanding examples of a health service that has the courage to adapt and be innovative as it responds to the needs of a diverse community, while caring for some of Victoria's most disadvantaged and marginalised patients.

I thought long and hard about how to present a report on our services during 2019-20. During this period we went from face-to-face meetings (and the opportunity to socialise with many staff members and consumers), to virtual meetings and having to learn a whole new way of communication. I am so proud to say that once again St Vincent's Hospital Melbourne has excelled in ensuring that consumers feel supported and welcomed through a whole new process of engagement.

In the last 12 months, five new consumers have joined the Consumer Advisory Committee and I would like to personally welcome them on this wonderful journey. The Community Advisory Committee

plays an integral role in shaping the future of consumer engagement and patient experience at St Vincent's, advocating for patient-centred care and helping to portray the patient journey of care through their eyes.

I am very proud of the way in which St Vincent's ensures that the voices of patients, carers and the community are heard and I look forward to continuing to represent the community moving forward.

On behalf of the whole community, I would like to acknowledge the commitment to exceptional care that the staff at St Vincent's provide every day.



Wendy Benson
Chair
St Vincent's Community
Advisory Committee

ABOUT ST VINCENT'S



Founded by the Sisters of Charity in 1893, at a time when Fitzroy was one of poorest parts of Melbourne, St Vincent's Hospital Melbourne (SVHM) has been built on a foundation of caring for those in need.

The Sisters instilled in our culture a Mission to care for the most vulnerable in the increasingly complex and challenging area of public health.

The Sisters were innovative and determined in their commitment to offer first-class healthcare to the community, especially the poor and vulnerable, and their pioneering work has had a profound effect on the health service we are today.

Today, we operate from 16 sites across greater Melbourne, including a major teaching, research and tertiary referral centre situated in Fitzroy, subacute care and palliative care at St Vincent's Hospital on the Park, St George's Health Service Kew and Caritas Christi Hospice, as well as aged care, correctional health, mental health and community centres, pathology collection centres, general practice services and dialysis satellite centres.

We deliver care in communities far beyond Melbourne and have a number of statewide services. 11% of our patients come from regional Victoria. 50% of patients come from culturally and linguistically diverse backgrounds. We have long been at the forefront of healthcare for Victoria's Aboriginal community and are the state's largest metropolitan provider for adults, delivering 5,000 occasions of care yearly.

MISSION

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 those in need.

We draw on the talents of our people and collaborate with others who share our vision and values to continue the pioneering spirit of Mary Aikenhead and the Sisters of Charity. We are committed to providing compassionate and innovative care, enabling hope for those we serve.

OUR VISION

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

OUR VALUES



COMPASSION

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



INTEGRITY

Acting with honesty and truth while ensuring that we enable others to flourish



JUSTICE

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



EXCELLENCE

Excelling in all aspects of our healing ministry

OUR COMMUNITY ADVISORY COMMITTEE



The Community Advisory Committee (CAC) provides advice to the St Vincent's Hospital Melbourne Executive and St Vincent's Health Australia (SVHA) Board on behalf of the community.

The CAC discusses key items including consumer participation indicators, patient experience and satisfaction surveys and ratings, the National Safety and Quality Health Service Standards and quality projects.

The CAC also looks for ways to progress the objectives on the Consumer and Community Participation and Carer Recognition Plan. This plan is a living document that is reviewed at each meeting and updates to the plan are provided.

The CAC focuses on developing ways to ensure consumers receive health information appropriate to patient and carer needs, on improving health literacy to assist consumers in understanding their condition, and on treatment options and ways to partner with consumers to improve their experience.

The CAC is a key part of the Hospital's improvement process, with Executive staff giving updates at meetings and the Committee reporting back to the CEO and senior management.





Meets bi-monthly



12

consumer and
community members



Staff present on key
quality improvement
activities and gain
valuable feedback



Executive members
also attend

Chaired by Mrs Wendy Benson since December 2016, current consumer members are:

Ms Tina Bourekas – Tina has a social work background with over 20 years' experience in the Welfare sector. Tina was the Active Ageing and Disability Services Lead at the City of Boroondara. She has spent the last seven years in local government and her role entails providing services to frail aged and younger people with disabilities. Tina also has experience working in the community sector, having worked in mental health and with ethno-specific communities (Resigned August 2020).

Mr Adrian Murphy – Adrian is Manager Aged & Disability Services at the City of Yarra. In this role he oversees the community-based Commonwealth Home Support Program and Home Care for Younger People Program, Council's Disability Access and Inclusion Strategy 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.

Ms Anne Speakman – Anne brings extensive experience in advocacy, counselling and training within varied roles in the community over several years. (Term of appointment expired October 2019).

Mr Graham Johnson – Graham has a background in Psychology and Computer Studies. He is a current member on the Board Advisory Committee at Melbourne Health and is a mentor in the Driver Education program run by City of Yarra. Graham has held executive positions with Australia Post and has experience on various management committees. Graham is also a volunteer at St Vincent's and conducts bedside patient experience surveys.

Ms Lisa Joyce – Lisa is a passionate public health professional who strongly believes in the right of all Victorians to access safe and affordable healthcare. Lisa has a background working in the not-for-profit sector, tailoring health services to better meet the needs of diverse groups. Lisa currently works as a Community Engagement Coordinator at BreastScreen Victoria where she works with diverse communities to improve access to the BreastScreen service.

Ms Beverley White – Bev has a background in Libraries and Information Management. Bev's most recent membership on the Darebin Libraries Reference Group allowed her to represent the older age group in the region. Her pre-retirement and post retirement consultancy work was with a range of not-for-profits and earlier with the Northern Division of General Practice. Bev believes that her past experience provides her with the capacity to undertake a role of advocate with a special emphasis on patient and carer information needs.

Mr Mohamad Soubjaki – Mohamad has a background in brick and block laying as well as project management. Mohamad has been extensively involved in the community, volunteering for organisations such as the Benevolence Community Organisation, the Community Care Network – Feed the Homeless program and is currently conducting arts and crafts workshops for teenagers.

Mr Robert DiNapoli – Bob has a background in the university sector as a lecturer (English language literature) and tutor and is a published author. Bob has given regular patient experience talks in the St Vincent's Cardiac Rehabilitation program since 2016. Bob's years as a university lecturer has given him experience in interactions with a wide range of students and colleagues across a wide variety of contexts.

THE VALUE OF COMMUNITY INPUT

Are you interested in playing an integral role in shaping patient experience?

Then you might consider becoming a Community Advisory Committee (CAC) member.

The CAC plays 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.

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 1953.

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, such as brochures;
- Participation in interviews/ focus groups/ discussion groups on particular issues;
- Participation as a consumer leader 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 1953.

Ms Angela Fitzpatrick – Angela has over 20 years consumer leadership experience dedicated to improving the quality and safety of healthcare in Victoria via numerous health services' committees and working groups. Angela is passionate about health literacy, community engagement and empowerment of consumers. Board Director experience at Women with Disabilities Victoria provided valuable insight of health service challenges facing this vulnerable group of Victorians. Angela has held state and national consumer roles in response to the COVID-19 pandemic and has been a regular patient of the Neurology Clinic at St Vincent's since 1998.

Ms Jenny Wilkins – Jenny has been a member of CAC for nearly 4 years and has represented consumers on many hospital committees. Jenny's background is as an independent consultant to the health sector. She also has experience as a member of several external Boards and Committees. Her particular interest is in health service safety and quality. Jenny's recent consumer experience is as the carer of her seriously ill partner.

Mr Kevin Boyce – Kevin has a background in sales and marketing, interpreting customer needs to deliver a win/win outcome. Kevin has an acquired disability and brings a range of healthcare experiences from a personal perspective as well as being an advocate for consumers with disabilities and regional and rural consumers.

Mr David Jones – David has vast experience in the fields of Information Technology, Project Management and Procurement. Victoria University identified David as a Legend of Business and Law in recognition of his voluntary work with the university's Work Integrated Learning Unit. He assists with delivery of St Vincent's Cardiac Rehabilitation Program and is a consumer representative on Expert Working Groups at Safer Care Victoria. David contributes to St Vincent's as a way of giving back to the community after life-saving surgery.

Mrs Wendy Benson – Wendy has been a patient at St Vincent's Hospital 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 an extensive background in business, currently represents St Vincent's on the Victorian Comprehensive Cancer Council, as well as being a member of a number of community committees and is our Chairperson. Wendy was also a member of a Cancer Connect group of volunteers that help assist other patients or carers with understanding their situation.

PROVIDING CARE BEYOND THE HOSPITAL WALLS



HEALTHMONITOR TRIAL STEPPED UP FIGHT AGAINST COVID-19

During 2020, St Vincent's trialled a phone-based support service to provide a safe way to manage and monitor the health and wellbeing of those who had tested positive to the coronavirus and were self-isolating.

Designed by St Vincent's Health Independence Program Complex Care Services, the HealthMonitor trial was originally designed to manage older patients at high risk of returning to hospital after being discharged.

With the onset of COVID-19, the HealthMonitor trial was successfully redirected to manage COVID-positive patients isolating at home by providing virtual access to a multi-disciplinary medical team.

It also sought to reduce preventable demand on hospitals and minimise risk of community transmission.

The program offered clinical monitoring of symptoms, reinforced isolation procedures, coordinated short-term welfare needs and helped to rapidly escalate hospital care when an individual's health was deteriorating.

The trial operated seven days a week during the height of the pandemic and provided reassurance and comfort to patients, who valued the regular contact.

The HealthMonitor COVID-19 team also partnered with St Vincent's Hospital in the Home (HITH) service to provide broader care, as needed.

"We had one client who had symptoms consistent with shingles in her eye. Our HITH registrar did a telehealth assessment and prescribed medications, which our care coordinators dropped off to her," says Infectious Diseases Clinical Nurse Consultant and HealthMonitor team member Adrian Hubble.

"By facilitating interventions like this for people in isolation we mitigated the need for them to come into hospital emergency departments or GP practices while they were COVID-positive."

With the successful conclusion of the trial, active funding to support a formal pilot program is being sought for HealthMonitor to become an ongoing service at St Vincent's for older people when they are discharged.



During 2020, more than 550 people with COVID-19 were successfully managed by HealthMonitor.

Kris, who was the program's first client, initially learnt she was COVID-positive while travelling on a cruise ship to Antarctica.

When she returned home after the two-week travel quarantine period she experienced a sore throat again and had it checked at the St Vincent's Fever Clinic, where she tested positive a second time for the virus.

"I started feeling quite anxious about it all," Kris says.

She found the HealthMonitor program provided her with much-needed support and answers during a very stressful period.

"It's meant so much to have someone there to help through that time," Kris says.

HOSPITAL IN THE HOME PROGRAM BOOSTED

Last year, we evolved our successful Hospital in the Home (HITH) program to provide even greater support when caring for patients outside the hospital walls through the introduction of dedicated HITH medical staff.

Currently, HITH largely provides care for post-operative patients, antibiotic infusions, and complex wound management.

As a result of COVID-19, medical staff were redirected to support the HITH nursing team along with the newly developed HITH-HealthMonitor COVID-19 pathway, to provide care to COVID-19 positive patients and, where possible, avoid unnecessary hospital presentations.

"This meant we had the medical support we needed readily available to us and closer to the patient at home, rather than having to go back to the hospital units for support," says Louise Hogan, Program Manager of St Vincent's at Home, which includes the HITH program.

"These extra medical resources improved our ability to action and escalate issues for patients quickly, has strengthened our lines of communication with inpatient units, and enabled us to offer improved care that reduced the need for patients to come into the emergency department."

Louise found people who used the HITH program last year appreciated having access to a service that helped transfer them out of hospital sooner, and maintain their care at home.

"COVID has made people feel very scared and the HITH service has helped to make them feel a lot more reassured," Louise says.

From February 2021, St Vincent's HITH team will have a dedicated medical team, and progress the expansion of a multidisciplinary model of care.

"One focus in 2021 will be to look at how we can improve pathways to HITH, with a focus on transfer of medical patients home earlier, and also avoiding admission by strengthening the links we have with our other community services," Louise says.



679

Number of patients cared for through HITH in 2019-2020



5000

Number of bed days supported by the HITH service in 2019-2020

Source: SVHM Patient Administration Database



GEM@HOME PROGRAM EXPANDS CARE

The GEM@Home program is an innovative approach to person-centred care for people over 65 who would otherwise be admitted to a subacute hospital bed for geriatric evaluation and management.

This service has been introduced across a number of hospitals in Victoria including St Vincent's, which has successfully grown and enhanced its program since 2018.

The aim is to provide earlier discharge of older patients with supported daily care outside the hospital from a multi-disciplinary team that includes geriatricians, nurses, social workers, pharmacy, physiotherapists and occupational therapists, with access to speech pathology, dietetics and podiatry, as required.

Sometimes, a hospital admission is able to be avoided all together by GEM@Home intervening early with patients in the community.

Patients also have access to a strong range of educational support to manage specific needs, along with 24/7 phone support.

"I often describe this service as a win, win, win," says Dr Richard Kane, Clinical Director of Geriatric Medicine, Home & Community Services at St Vincent's.

"It's a win for those patients who would prefer to be at home than in hospital for their recovery and regaining their independence; a win for staff as it gives them the opportunity to assess people more realistically so they get a better idea of what the patient is capable of at home; and a win for health services because it is a more sustainable way to deliver care."

From January to December last year, the GEM@Home program provided care to 207 SVHM patients. The program also doubled in size from an 8-bed to a 16-bed service.

Since last year, SVHM's GEM@Home program has been supported by a dedicated Program Coordinator and a full-time Geriatric Medicine Advanced Trainee, shared with the Residential In-Reach Service. Nursing and allied health staff numbers were also bolstered.

"Having a dedicated team has played a key part in enabling the program's expansion," Dr Kane says. "Without that level of oversight and increased access to multi-disciplinary assessment in the community, it wouldn't have been possible to deliver that."

GEM@Home offered great comfort for this vulnerable group of patients when COVID-19 hit, and visitor restrictions at hospitals were tightened. It also provided care to some patients with COVID and suspected COVID.

New telehealth capability was increasingly introduced to ensure patient needs were still well-met during the pandemic, and will continue to be offered as an option in the future.

Feedback from patients and families managed through GEM@Home has been incredibly positive.

"They often say they feel the program is too good to be true and that hospitals should offer GEM@Home as the preferred option," Dr Kane says.



TELEHEALTH

2020 has seen a huge increase in telehealth use across St Vincent's, allowing patients to be seen from the comfort of their own home.

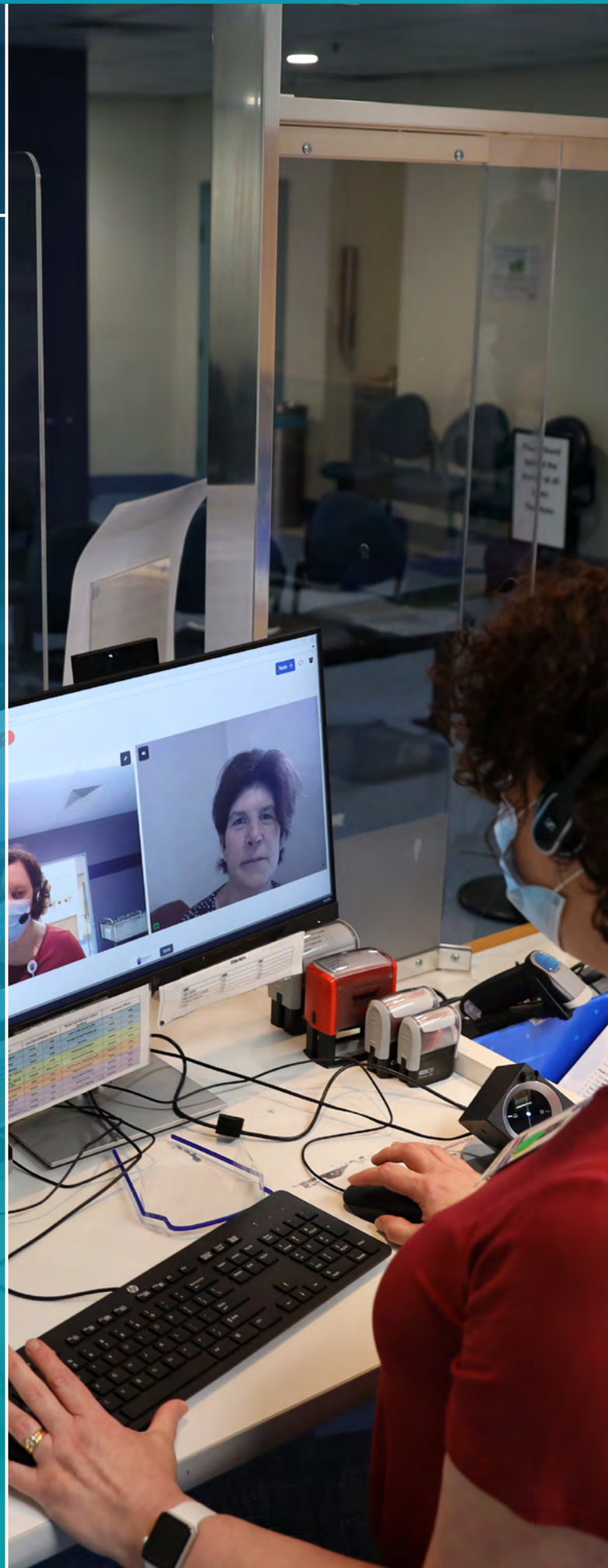
As two periods of lockdown forced Victorians to adapt to new ways of working and keeping in touch with friends and family, patients and clinicians alike have welcomed the ability to access specialist care from the comfort of their own home.

According to Organisational Telehealth Coordinator Karen Munton, St Vincent's has already seen a record number of patients via telehealth in 2020-21, surpassing what was a record year in 2019-20.

"Specialist Clinics have conducted over 16,000 telehealth appointments this year, an average of 500 appointments a day, ensuring our patients continue to receive vital care during these challenging times," says Karen.

With 11 per cent of St Vincent's patients living in rural and regional Victoria, adoption of telehealth had already been growing. But COVID has further accelerated that growth.

'There are many patients who have difficulty travelling, so they might need specialised equipment to get here or the conditions they're travelling in might be tricky considering their health issues,' says Karen. 'Telehealth eradicates travel time, provides patients with greater flexibility for appointments, and provides them with easier access to specialist care.'



HIGH RISK FOOT CLINIC CLIENTS EXPERIENCE BENEFITS OF TELEHEALTH

A telehealth service offered by the High Risk Foot team is making it easier for regional residents to access the care they need closer to home.

The service complements St Vincent's focus to expand healthcare beyond the hospital walls by allowing people to attend an interdisciplinary assessment off-site.

"We have a huge cohort of regional patients that will benefit from this – some of them travel hundreds of kilometres to get here," says Kate Waller, a senior podiatrist with the High Risk Foot Service which operates as an outpatient clinic once a week.

The service provides vascular, endocrinology, rehabilitation, podiatry, orthotics and nursing care to referred patients.

The main goal of the clinic is to reduce lower-limb amputations and to lower hospital admissions.

According to Diabetic Foot Australia, 50,000 Australians were living with diabetic foot disease on any given day in 2017 and 12,500 were living with a diabetes-related amputation.

The High Risk Foot Service has been regularly providing telehealth consultations since April 2020 to assess and manage people suffering from conditions such as diabetes-related foot ulcers and peripheral arterial disease.

So far, 41 telehealth consultations have been successfully conducted with patients, largely from Albury/Wodonga and Swan Hill. This service is also being used to assist patients in residential aged care and clients using St Vincent's Hospital in the Home program.

Kate says the telehealth option not only saves patients travel time, but also extra costs that might be incurred in taking time off work, parking, petrol and overnight stays.

"It has also improved the patient experience because they are able to access a lot of their care through people they have a rapport with locally," she adds.

As a large component of the care required is procedural-based, Kate says telehealth doesn't eliminate face-to-face contact at the Hospital but offers an adjunctive service.

The telehealth consults involve various members from the St Vincent's High Risk Foot team conducting an appointment remotely with a patient and their local clinician.

"Because the clinician will be with the patient at the other end, they are able to do some of the procedural assessments, such as feeling for pulses, conducting Doppler assessments, cleaning and dressing the wounds," Kate says.

They can even organise for things like x-rays to be done closer to home.

"Offering this service has also allowed us to build stronger relationships with service providers in these local communities and share our skill set with them," Kate adds.

Norman McLeod is among those who have used the telehealth High Risk Foot Service. The Albury resident was referred after developing a cyst on his left heel, which was causing him great pain.

Norman had stents put into his left leg at St Vincent's, so he was already familiar with the high-level care offered.

"I'd never done a telehealth appointment before, though, and found it was great," Norman says. "It saved me having to go all the way to Melbourne again, where I would have had to stay the night because I live so far away."

Melbourne's COVID restrictions added an extra layer of complexity for regional patients like Norman, who were required to self-isolate on returning home after treatment in the city.

"I didn't have to do that this time with my telehealth appointment. It just made things so much simpler and has given me a lot of peace of mind."

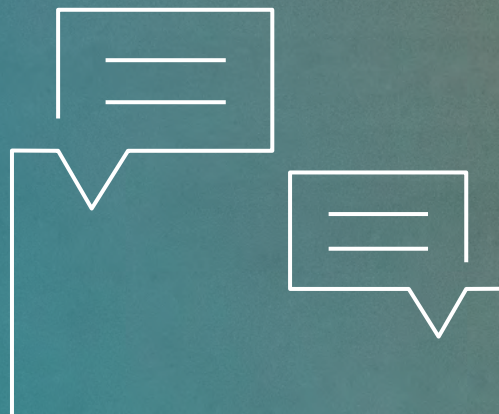
Joan, 92, has shown age is no barrier when it comes to using technology to access health services remotely.

As part of our telehealth services, a rehabilitation physician, an allied health assistant, and a psychologist, all met with Joan online.

Joan (pictured below, right) is the oldest person to access our telehealth services and found it so convenient she is never going back, and neither are we!



YOUR FEEDBACK



Patient-experience data and feedback provide important input into the measurement of quality of care at St Vincent's.

Understanding how patients experience their healthcare and taking action to improve this experience is a critical component of the clinical governance system.

We participate in four organisation-wide surveys to gain a better understanding of the patient experience and identify opportunities for improvement:

- Victorian Healthcare Experience Survey (VHES)
- SVHA SMS Patient Experience Survey
- SVHA Patient Experience Survey (Insync)
- SVHM Consumer Led Patient Experience Survey

Patient experience feedback is discussed at peak Quality and Safety governance meetings as well as the Community Advisory Committee and the Partnering with Consumers Clinical Risk Committee. The data is used to understand what needs to change, and improvement plans are developed to boost performance across a range of these measures.

RESPONDING TO COMPLAINTS

Patients, families, carers and the community can provide feedback either in person, by phone, email or letter. If the feedback is a complaint, the Patient Representative Officer is available to assist the community in having the issues they raise reviewed and addressed whenever possible. Complaints about the health service are viewed as opportunities to understand the impact of our care and where we can do better.

COMPLAINT THEMES 2019-20

COMMUNICATION

23%

ACCESS TO SERVICES

20%

CONDUCT AND BEHAVIOUR

17%

During the global COVID-19 pandemic, patients and health services, alike, faced some unique and specific challenges. Examples of some of this feedback and our response include:

What you told us:

"You lost my mother's belongings whilst she was a patient with COVID-19 and now they can't be found."

What we did:

Lost belongings are always distressing for patients. The visitor restrictions, infection control requirements and increased bed movement during the pandemic made the safeguarding of valuables even more challenging. An improvement project was commissioned to review the factors that contribute to this problem and find solutions.

What you told us:

"Due to COVID-19, my outpatient clinic appointment has been cancelled and my ongoing care will be delayed."

What we did:

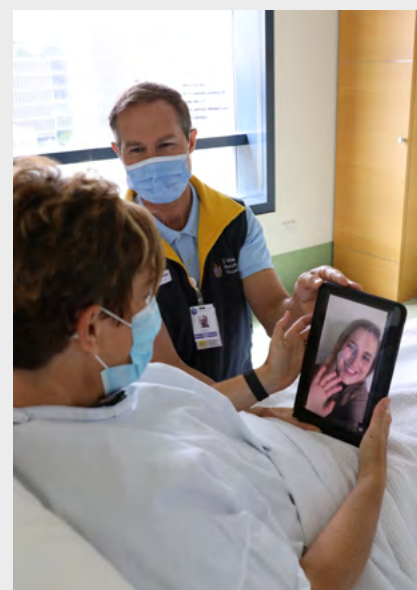
We increased the number of telehealth appointments offered from approximately 890 in the first quarter of 2020 to approximately 6,400 in the second quarter. Telehealth eliminates travel time, provides patients with greater flexibility for appointments, and provides them with easier access to specialist care. Feedback from patients and carers has been very positive.

What you told us:

"Due to COVID-19, I am unable to visit my loved one and I am worried about them."

What we did:

We implemented a 'Virtual Visitor' Program, enabling our patients to see and converse with their loved ones through the use of an electronic device and online communication software. We also established a key group of leaders and clinicians to review all proposed changes to our visiting guidelines to ensure they are consistent with Department of Health and Human Services (DHHS) recommendations whilst meeting the needs of the community.





COVID-19 RESPONSE:



Improvement projects



Telehealth



Virtual Visitor Program

COMPLIMENTS

Understanding what is important to our patients and families and what can 'make the difference' in patient experience helps us improve our care. Often this information comes to staff via a compliment.

During 2019-20 many compliments were received:

"Thank you to all the staff at St Vincent's. I cannot speak highly enough of your staff and the quality of care I received. I feel like a new man and will forever be grateful to all the kind souls that helped me get back on my feet."

"I just want to say a huge thank you for everything. Having to spend Christmas and New Year's in hospital was made that bit easier by having such wonderful nurses (I would name you all but it would take me forever)."

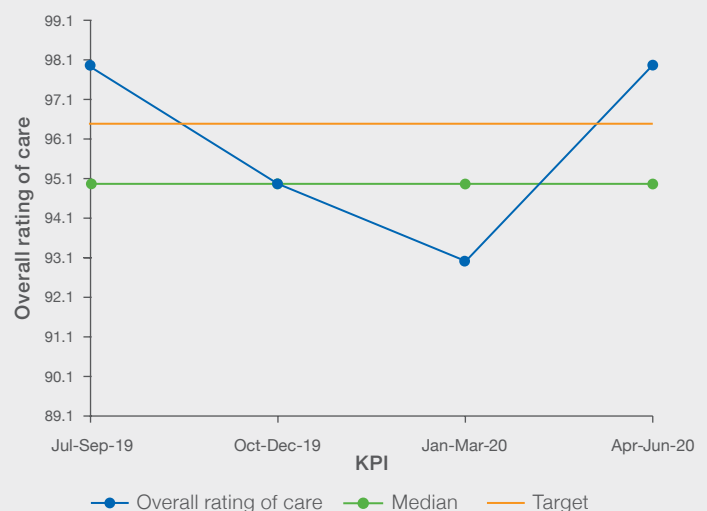
"To the clinical, admin, cleaning and catering staff, thank you for all your help caring for our community, thank you for putting yourself in the front lines of this pandemic to assist us all. Your service does not go unnoticed!"

"Thanks for looking after me so well. I wanted to particularly thank a nurse who was amazingly supportive during a tough time. The nurse was kind, empathetic and very competent – a great demonstration of the St Vincent's values and made my life a little better."

VICTORIAN HEALTH EXPERIENCE SURVEY (VHES)

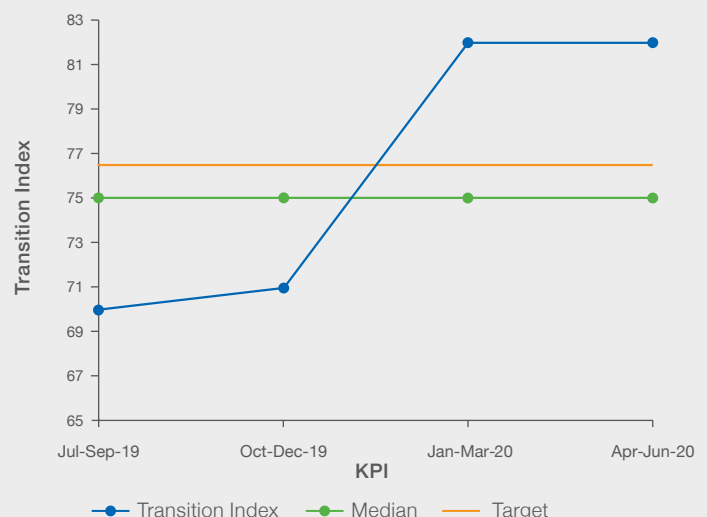
The Victorian Health Experience Survey, conducted four times a year, surveys a sample of people who have recently been treated at a Victorian public hospital. The VHES asks patients a wide range of questions about their hospital stay, including the overall quality of care, how well doctors and nurses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

OVERALL IN-PATIENT EXPERIENCE



TRANSITION INDEX*

*There are four questions which make up the Transition Index which aims to improve discharge processes



SMS PATIENT EXPERIENCE SURVEY

The SMS Patient Experience Survey commenced in March 2019.

A text message is sent to patients who have stayed overnight or more when they are discharged from hospital. In March 2020, this survey was extended to day procedure patients as well.

Patients are asked how likely they would be to recommend St Vincent's to friends and family on a scale of 1 to 10 (1 being not at all likely, 10 being extremely likely). This score is then calculated to a 'Net Promoter Score'.

Patients are also asked the most important reason for their score. This provides the opportunity for patients to comment on their experience and to let us know of any concerns they had and thank the staff involved in their care.

Nurse Unit Managers (NUMs) are able to access their scores and comments and identify possible opportunities for improvements. Responses with low scores are automatically emailed to the NUMs for information and



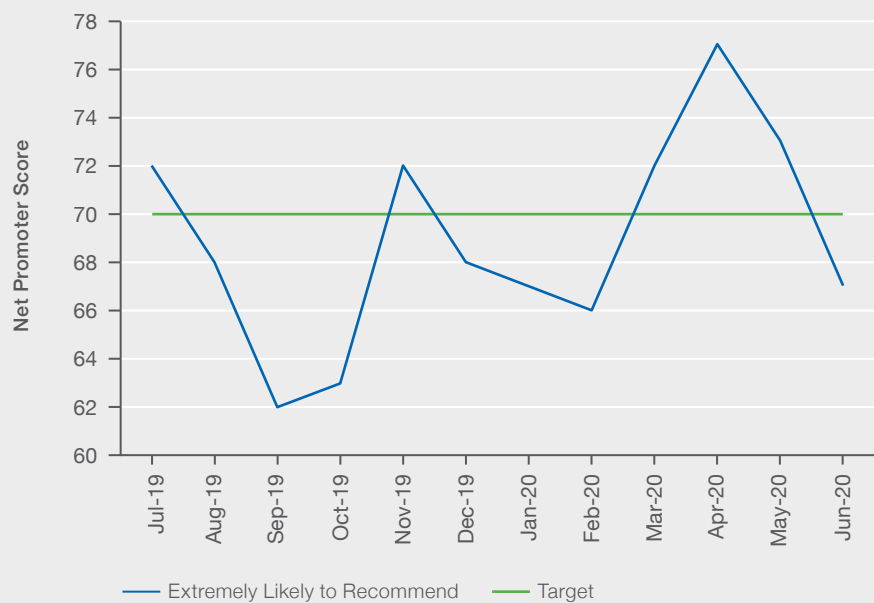
possible further contact with the patient to discuss their experience and how we could improve.

Comments received are continually reviewed to identify themes. The St Vincent's eight step problem-solving process is currently underway to identify and implement improvements.





HOW LIKELY ARE YOU TO RECOMMEND ST VINCENT'S TO YOUR FRIENDS AND FAMILY?



SVHA PATIENT EXPERIENCE SURVEY (INSYNC)

This survey is conducted every six months. Questions are focussed on a patient's experience during their care and include: 'during your stay, after you pressed the call button, how often did you get help as soon as you wanted it?'

| Survey topic | Oct – Dec 2019 (489 surveys) | Apr – Jun 2020 (546 surveys) |
|-------------------------------------|---------------------------------|---------------------------------|
| | Best Answer (Always)% | Best Answer (Always)% |
| Recommend the Hospital | 81.5 | 82.1 |
| Cleanliness of Hospital environment | 71.3 | 72.2 |
| Quietness of Hospital environment | 35.9 | 35.5 |
| Communication with nurses | 82.0 | 83.8 |
| Response of Hospital staff | 61.8 | 62.1 |
| Communication with doctors | 76.6 | 79.4 |
| Communication about medicines | 64.8 | 63.7 |
| Provision of discharge information | 70.6 | 73.6 |

Results relating to communication with nurses and doctors continue to be positive. Opportunities for improvement relating to hospital quietness and response of hospital staff have been identified.

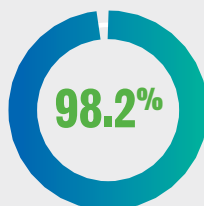
CONSUMER ADMINISTERED PATIENT EXPERIENCE SURVEY

The Patient Experience Surveys are conducted by volunteers at the patient's bedside. The survey consists of 19 questions that require direct responses from consumers or carers and allows for additional free text comments.

From June 2019 to April 2020, 109 surveys were conducted across the health service. Due to COVID-19, surveys were suspended from April 2020. We hope that these surveys will recommence when it is safe and appropriate to do so.

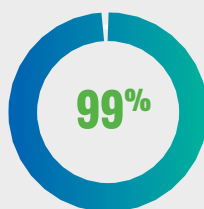
Results continue to be positive and some areas for improvement have been identified. Feedback relating to patient comfort, patient privacy and patient emotional support has been provided to the Nurse Unit Manager, where possible, by the volunteer at the time of survey to allow for a prompt resolution. This feedback has often resulted in an improved patient and carer experience and has been very much appreciated. Volunteers continued to enjoy conducting the surveys and patients have enjoyed not just completing the survey but having a chat with the volunteer and telling their story.

The results for the 2019-2020 year indicate areas for improvement include the ability for patients to get a good night's sleep and patients being involved in bedside handover meeting with nurses at the change of their shift. Excellent results continued regarding the patient privacy during care, cleanliness and comfort of rooms and being involved in decisions about care.



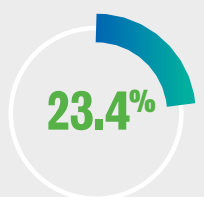
Is your room comfortable and clean?

| | |
|-----|-------|
| Yes | 98.2% |
| No | 1.8% |



Do staff respect your privacy during their care?

| | |
|-----|-------|
| Yes | 99.0% |
| No | 0.9% |



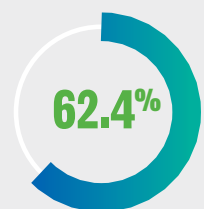
How often are you able to get a restful night's sleep?

| | |
|-----------|-------|
| Always | 23.4% |
| Often | 34.6% |
| Sometimes | 30.8% |
| Never | 11.2% |



Are you as involved as you want to be in the decisions about your care and treatment?

| | |
|-----|-------|
| Yes | 90.7% |
| No | 9.3% |



Have you been involved in bedside (handover) meetings with nurses at the change of their shift?

| | |
|-----|-------|
| Yes | 62.4% |
| No | 37.6% |

ADVERSE EVENTS



The investigation of adverse events during 2019-2020 was challenging with investigation facilitators often working off site and visits to the clinical areas discouraged to reduce unnecessary risk to staff and patients, and to support social distancing.

During an incredibly busy time, staff still prioritised incident investigations, and associated meetings were held online via Microsoft Teams. We are pleased to report at the end of the second wave of COVID-19, every serious incident, except one, had been formally reviewed, documented and shared with the Executive.

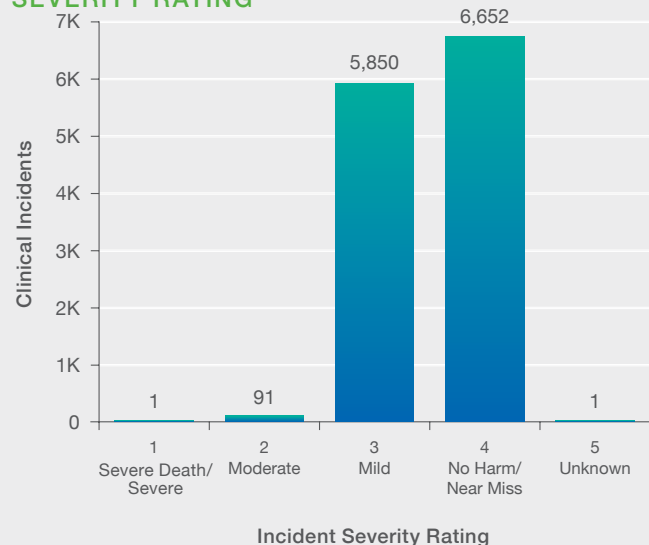
During 2019-20 the health service has further strengthened the management of adverse events and associated governance processes. Key improvements/changes to the management of adverse events have included:

- Participation in the SVHA Riskman Standardisation and Consolidation Project. The launch of the new Riskman system on the 1 May will provide SVHA with improved governance on adverse events, easing reporter burden (with elimination of surplus fields) and providing reporters with a modern and user-friendly interface. It is also an opportunity to reinvigorate incident reporting and remind staff of the benefits of reporting and reviewing adverse events.
- Comprehensive investigations (HSCMITs) were completed in clinical areas where there were COVID-19 outbreaks which assisted the health service to identify common trends and learnings and develop an organisational action plan to address key issues prior to a potential third wave of COVID-19.
- A new PIT STOP (Patient Incident Timeout STOP) process was implemented for system and process issues related to COVID-19. The PIT STOP huddles involved an extended team including OHS, Infection Control, Quality & Risk, Microbiology and the Contact Tracing Team.

- All PIT STOP reports are reviewed by a Quality & Risk facilitator to ensure problem-solving methodology has been applied to the investigation, all contributing factors have been identified, and actions have been developed which will mitigate future risk. Where possible, this review is completed by a Q&R team member who has subject matter expertise. This process has resulted in more comprehensive investigations, resulting in improved patient care, and the increased quality of the reports has been noted by Executive.
- Involvement of an external team member in all Root Cause Analysis (RCA) investigations to provide broader consultation and an independent review of the current systems and processes that may have contributed to the incident.

Staff reported 462 more incidents in 2019-20 (a 3.6% increase), demonstrating an ongoing positive reporting culture.

CLINICAL INCIDENTS BY INCIDENT SEVERITY RATING



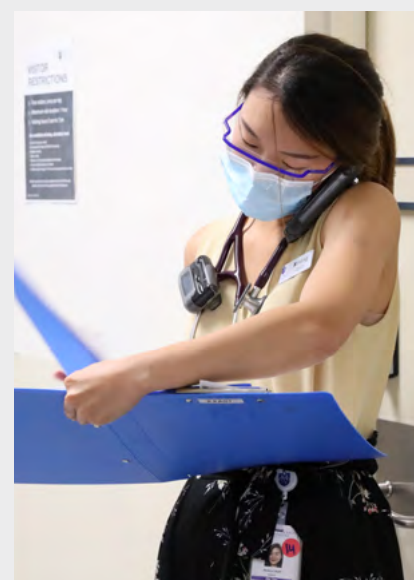
OVERVIEW OF CONTRIBUTING FACTORS TO SERIOUS HARM

A review of all high level investigations (in-depth case reviews and root cause analysis investigations) conducted during the previous financial year identified the following contributing factors.

| Type of Contributing Factor | Examples | Number of occurrences |
|-----------------------------|-------------------------------------------------------------------------------------------------|-----------------------|
| Process | Lack of process, or inefficient process to support clinical practice | 8 |
| Knowledge | Lack of knowledge or experience of clinical staff | 6 |
| Communication | No documentation/clinical handover or sub-optimal or inaccurate documentation/clinical handover | 5 |
| Equipment | Inappropriate equipment or ineffective use of equipment | 3 |
| System | Sub-optimal electronic systems relating to clinical care | 2 |
| Resources | Lack of resources such as staffing, bed availability, equipment, written information | 2 |
| Engagement | Sub-optimal engagement with patient or family | 1 |
| Policy | No policy, inadequate policy or failure of staff to follow policy | 1 |

As an outcome of the incident investigation process, many improvement activities have been put in place to prevent the recurrence of serious adverse events including:

- Plans to implement a new picture archiving and communication system (PACS) for medical imaging to improve the tracking of radiology requests and reports. Site visits of other health services were conducted and a vendor has been shortlisted.
- Updated nursing management chart in Emergency to include more detailed assessment and documentation of a patient's pain.
- New process implemented where patients who do not have a nominated GP on the Patient Administration System (PAS), receive a discharge letter prior to leaving the Emergency Department.
- Standard Operating Procedure developed to standardise the pre-admission documentation of elective surgery patients.
- Improved electronic access to the medical record for anaesthetists in the Operating Suite.
- Awareness campaign implemented across the health service to ensure staff are familiar with the PAS alert function to record all identified adverse reactions.
- Expanded auditing schedule of documentation of adverse reactions.
- Standardisation of surgical equipment (bipolar diathermy instead of monopolar diathermy) used during temporal artery biopsies, which is associated with reduced fire risk.



SERIOUS HARM

Total serious harm incidents (Incident Severity Rating (ISR) 1 & 2) increased in 2019-20 to 91, up from 60 in 2018-19. The increase in serious harm incidents may be related to increased patient acuity during the COVID-19 response when we had reduced surgical patients and an increase in the number of complex medical patients.

The number of patients in isolation and increased complexity of nursing patients in full Personal Protective Equipment (PPE) sometimes made it difficult to perform frequent visual inspections and hands-on care such as pressure area care.

There were instances where patients fell while staff were still attempting to don safely their PPE, and could not reach the patient in time to prevent the fall.

SENTINEL EVENTS

Sentinel events are adverse patient safety events that result in serious harm, or death of a patient while in the care of a health service. Sentinel events happen independently of a patient's condition and often reflect deficiencies in a hospital's systems and processes.

In 2019-2020 St Vincent's reported three sentinel events to Safer Care Victoria. This was an increase of one since the previous reporting period, reflecting the increased scope of incidents that are now reportable.

Two incidents were categorised as 'other adverse patient safety events resulting in serious harm or death'. One was related to a missed diagnosis of an acute patient. One was related to a patient who sustained burns during a surgical procedure.

The third incident was reportable under the category of 'medication error resulting in serious harm or death'. The patient was administered a medication which she had a documented allergy to and suffered an anaphylactic response. The patient recovered after a brief admission to the ICU.



PREVENTING SPREAD OF INFECTION



St Vincent's Infection Control department educates staff on how to limit the potential spread of infection through good hygiene practices. 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 an infection typically acquired in hospital. The rate of SAB infection for 2019-20 was 1.3 per 10,000 bed days, which is slightly above the DHHS target of 1 per 10,000 bed days. All Healthcare acquired SAB infections are investigated by Infection Control.



WHAT IS A SAB?

Staphylococcus aureus bloodstream (SAB) infections are frequently associated with healthcare, often arising as a complication of surgery or minor medical procedures, leading to poor outcomes or death for patients.

CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS

We continue to see a sustained reduction in central line-associated bloodstream infections (CLABSI) in our Intensive Care Unit (ICU), monitored against the statewide target of zero. The rate of CLABSI in 2019-20 was 0.3 per 1,000 device days. This equates to one line infection, in October 2019.

The ICU and Infection Control investigate any cases of CLABSI and undertake improvement work to decrease the incidence of CLABSI.



WHAT IS A CENTRAL LINE?

A central venous catheter, also known as a central line, is a tube that is placed in a large vein in the neck, chest, groin, or arm to give fluids, blood or medications, or to do medical tests quickly.



INFLUENZA VACCINATION

The DHHS set a target of 84% of healthcare workers to be vaccinated. St Vincent's conducted a vaccination campaign which saw over 5,000 vaccinations provided to staff, volunteers and students.

At the completion of the campaign 92.1% of staff were vaccinated. 94% of healthcare workers providing direct care were vaccinated, including 94% in ICU and 92% in the Emergency Department. We achieved a vaccination rate of 100% across our residential aged care facilities.



100%

Influenza vaccination rate across our residential facilities

PUBLIC SECTOR RESIDENTIAL AGED CARE



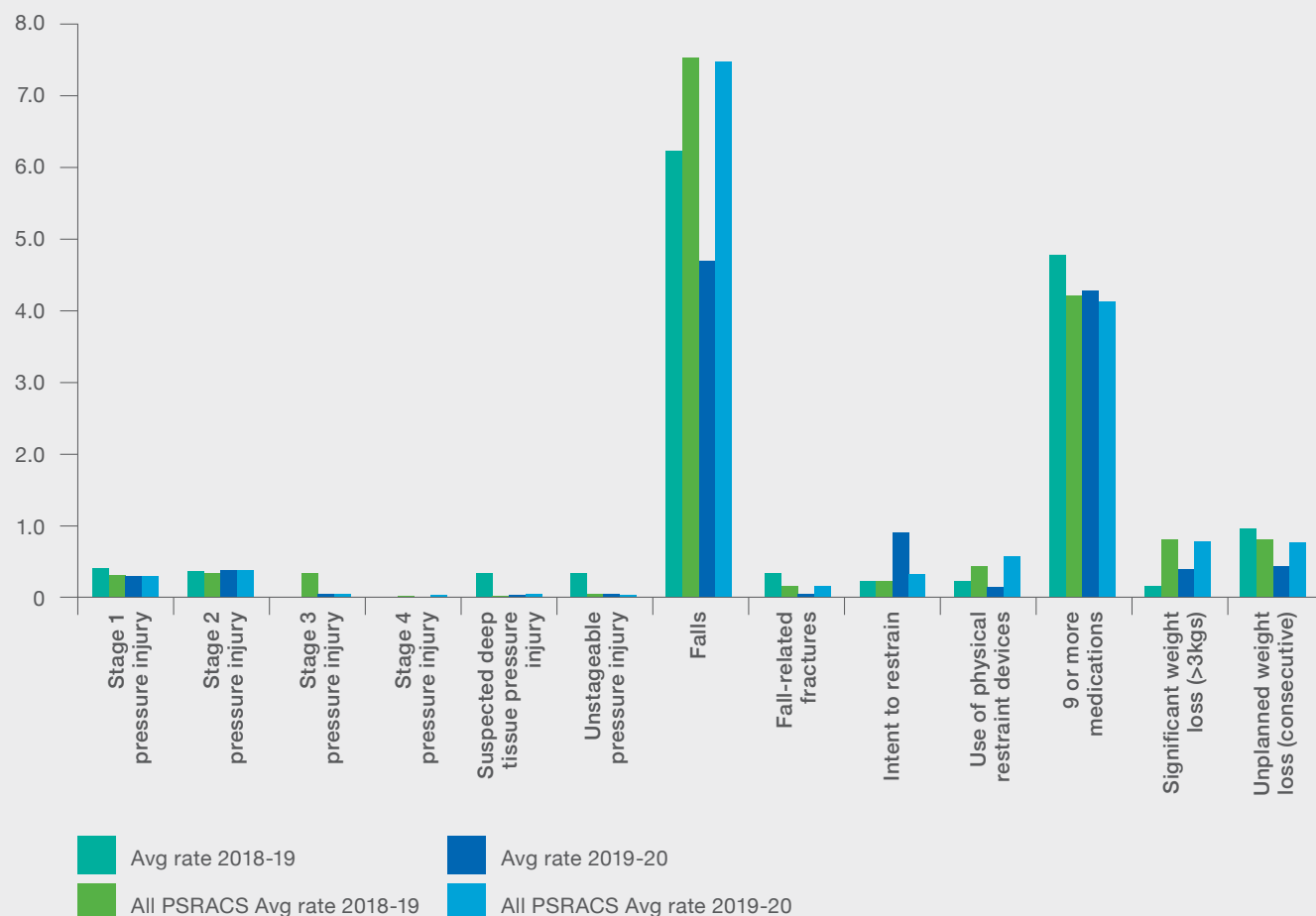
The Public Sector Residential Aged Care Services (PSRACS) Quality Indicator Program collects and reports on quality indicators covering known high-risk areas in residential aged care.

The high-risk areas are; pressure injuries, falls, restraint, medication prescribing and unplanned weight loss.

St Vincent's has three residential aged care homes which participate in the PSRACS Quality Indicator Program.

The PSRACS Quality Indicator Program compares the performance of St Vincent's residential aged care homes (Auburn House, Cambridge House and Riverside House) against other Victorian Public Sector aged care homes and provides quarterly reports on quality and safety to management, General Practitioners, aged care staff and residents.

ST VINCENT'S RESIDENTIAL AGED CARE PERFORMANCE 2019-20



2019-20 FOCUS AREAS

A number of improvement activities have taken place throughout 2019-20:

- Pressure injury prevention strategies in residential aged care homes reflect strategies in place across all clinical areas to reduce the risk of pressure injuries. These include screening, daily monitoring and use of pressure relieving equipment. In 2019-20 there was a focus on suitable and well-fitting shoes as it was identified a small number of pressure injuries were caused by poor footwear. The St Vincent's Hospital Melbourne Good Samaritan Fund allows aged care homes to purchase on behalf of residents in need, and the Podiatry and Prosthetics and Orthotics services are available for assessing and treating residents who are identified as being high risk for these types of pressure injuries.
- The rate of polypharmacy (nine or more medicines) across our aged care homes is gradually reducing and is consistent with other PSRACS. Expert clinical advice on medication prescribing in an aged care setting is provided by the Geriatric consultation service. An action plan to further reduce polypharmacy is planned in 2020-21 in collaboration with a national independent pharmacy service.
- There has been an ongoing focus on maintaining a low rate of restrictive interventions (restraint). Any restrictive interventions are monitored and reviewed by a psychiatrist specialising in the care of elderly persons. The St Vincent's rate for 2019-20 is consistent with other PSRACS.

ACCREDITATION OF ST VINCENT'S RESIDENTIAL AGED CARE HOMES

In 2019 Auburn and Prague House achieved full accreditation status following site visits by the Aged Care Quality and Safety Commission. Accreditation lasts for three years and is based on the Aged Care Quality and Safety Commission quality standards. More information on the accreditation status of SVHM homes can be found on the Quality Commission's web site www.agedcarequality.gov.au/



ABORIGINAL HEALTH

St Vincent's has a long-standing history and commitment to the health and wellbeing of the Aboriginal and Torres Strait Islander community.

Our Aboriginal Health Unit is recognised as a leader in Aboriginal and Torres Strait Islander healthcare and research in a hospital setting, bringing together the Aboriginal Hospital Liaison Officer (AHLO) program, our commitment to cultural safety and quality improvement cultural awareness training and cadetships.

"Positioned as we are in Fitzroy, where many social and political Aboriginal organisations were founded, St Vincent's has actively sought to identify with Aboriginal patients in the community, who experience poorer health overall than other Australians," says Toni Mason, Manager of SVHM's Aboriginal Health Unit.

As part of our commitment to better serve, care for and meet the needs of the Aboriginal and Torres Strait Islander community, we have implemented Cultural Awareness Training, which is required learning for all staff.

The training helps our staff to better understand the experience of being in hospital for our patients and consumers who come from an Aboriginal and Torres Strait Islander background, and what is important to them, culturally, physically and spiritually.

The Aboriginal Health Unit has also developed a monthly one hour Cultural Awareness Training session for all staff. This session has a Trauma Informed Care focus, as it applies to Aboriginal and Torres Strait Islander patients.

The training provides staff with practical advice and skills that they can apply in their roles when working with Aboriginal and Torres Strait Islander people.



Aboriginal Health Manager
Toni Mason

**PRESENTATION
OF ABORIGINAL
AND TORRES
STRAIT
ISLANDER
PATIENTS:**



1,455
inpatients



DJARMBI COMPANIONS

In 2020, the Aboriginal Health Unit worked together with staff in the Cancer Centre, Art Curator Monique Silk and local indigenous artists on a project to ensure our Hospital is a welcoming space for Aboriginal patients and visitors.

“We commissioned two local Indigenous artists to create an art installation to really brighten the space in our Cancer Centre, as well as improve cultural safety for Aboriginal patients,” says Toni.

Artists Peter Waples-Crowe and Bronwyn Razem collaborated on the installation, entitled *Djarmbi*.

“I use the dingo in my work a lot,” said Peter. “People love dogs and the dingo is our native dog. It has also almost been treated like a nuisance, which for me is a representation of the treatment of Aboriginal people in general.”

“In this project, I worked with Auntie Bronwyn to create an environment where the dingo is there as a companion animal. We named it Djarmbi, which means friend.

“Dingoes were my ancestors’ best friends,” says Bronwyn. “In pre-colonisation times, dingoes accompanied people from one place to another when they went hunting, and they also protected them at night time if there was any danger – they were a very important part of Aboriginal culture.”

The work builds on what we have already done and continue to do, in our commitment to closing the gap through our Reconciliation Action Plan.

“It is really important to have reconciliation, because when we reconcile with all that has occurred in the past, we can move forward into the future,” says Bronwyn. “I think it’s great for patients in the Cancer Centre to have this installation, as it just brightens up their day during the time they spend in here.”

The installation was made possible by a Cultural Safety Grant received from the DHHS Cancer Services program.



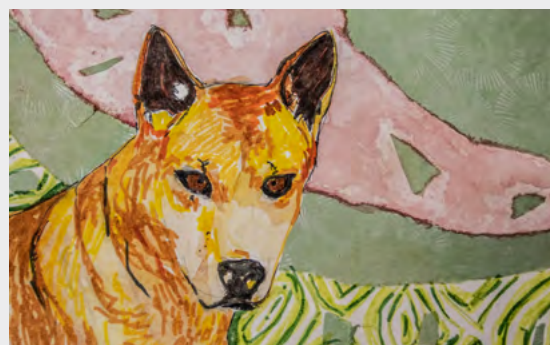
1,688

presentations to
Emergency Department



2,697

outpatient
appointments



A section of Djarmbi Companions, an installation in the Cancer Centre

ABORIGINAL AND TORRES STRAIT ISLANDER EMPLOYMENT

St Vincent's Hospital Melbourne is now the largest employer of Indigenous staff across the Victorian metropolitan health service after exceeding a target the Hospital set last year to increase numbers by 33 per cent.

By June, St Vincent's had recruited 80 Aboriginal and Torres Strait Islander employees, which is just under 2 per cent of its workforce.

Chris Delamont, Indigenous Recruitment Coordinator at St Vincent's, says a focus on retention and ongoing support has played a big part in attracting greater numbers of Aboriginal people and Torres Strait Islanders to work here.

"The message out there is that St Vincent's is genuine about closing the gap in education, training, employment and, ultimately, the health outcomes of our Aboriginal community," Chris says.

He feels St Vincent's has clearly taken steps towards developing a deeper understanding for what it means to be an Aboriginal person.

"Things like introducing a cultural leave policy, providing greater training opportunities to develop professionally and involving people in round-table discussions are really resonating with our Indigenous staff," Chris explains.

"It was not just about the numbers for St Vincent's or ticking a box, the focus was on opening up new career pathways and putting in the right supports to ensure Aboriginal staff feel safe, welcome, understood and want to stay."

Improvements to the Hospital's recruitment strategy has also put an emphasis on finding the right person for the job, which has involved working more closely with managers to look at all roles within St Vincent's as potential areas that can be opened to Indigenous staff as well.

"It has opened up a dialogue for managers that haven't had Indigenous staff before and is changing mindsets," Chris says. "This is helping to build relationships and trust and we now are being recognised in the Aboriginal community as an employer of choice."



3

Indigenous Medical Interns offered and accepted positions for 2020 clinical year



Created priority application process for Indigenous Graduate Nurses and Medical Interns



80

Aboriginal and Torres Strait Islander staff members (just under 2% of workforce)

OUR CULTURALLY DIVERSE COMMUNITY



Our patient population at St Vincent's is culturally and linguistically diverse. Over 42% of our patients were born overseas (compared to the state average of 29%), reflecting 191 countries of birth, 85 languages spoken and 33 faiths practised. One in five of our patients require an interpreter.

St Vincent's is a vibrant, diverse community of care with a special commitment to those in need. Our services are based on the recognition that the culturally and linguistically diverse (CaLD) background of a patient can influence the care they receive. A key to improving care for CaLD groups is the ability of healthcare providers to build cultural awareness and responsiveness in their workforce.

| Top 10 languages spoken other than English | % of patient population 2019-20 |
|--------------------------------------------|---------------------------------|
| English | 85.1% |
| Greek | 2.4% |
| Vietnamese | 1.8% |
| Italian | 1.6% |
| Mandarin | 1.2% |
| Cantonese | 1.0% |
| Arabic | 0.9% |
| Turkish | 0.4% |
| Hakka Timorese | 0.3% |
| Spanish | 0.3% |
| Macedonian and Croatian | 0.2% |

| Top 10 Religions other than Catholic | % of patient population 2019-20 |
|--------------------------------------|---------------------------------|
| Catholic | 23.2% |
| Christian | 5.9% |
| Greek Orthodox | 5.3% |
| Muslim | 3.8% |
| Anglican | 3.4% |
| Buddhist | 2.8% |
| Church of England | 2.3% |
| Other Orthodox | 1.7% |
| Uniting Church | 1.1% |
| Hindu | 1.1% |
| Presbyterian | 0.9% |

| Top 10 Countries of birth other than Australia | % of patient population 2019-20 |
|------------------------------------------------|---------------------------------|
| Australia | 57.5% |
| United Kingdom | 5.0% |
| Italy | 4.4% |
| Greece | 4.0% |
| Vietnam | 2.9% |
| China | 2.2% |
| New Zealand | 2.0% |
| India | 1.7% |
| Lebanon | 1.0% |
| Turkey | 0.8% |
| Malaysia | 0.8% |

OUR LANGUAGE SERVICES

INTERPRETER USE AND ACCESS

CaLD patients who require an interpreter to communicate with their healthcare providers need support to ensure equity of care.

St Vincent's provides access to interpreters through a combination of Language Services department staff and agency interpreters.

CULTURAL AND LINGUISTIC DIVERSITY AND INCLUSION DURING COVID-19

St Vincent's recognised that particular groups of patients, such as those of culturally and linguistically diverse backgrounds, could be at a higher risk of harm than others and was keen to ensure that equity of care was always a priority.

TOP SIX INTERPRETER LANGUAGES REQUESTED

Greek

Vietnamese

Italian

Mandarin

Cantonese

Arabic

INTERPRETER SERVICES

Interpreter Services has been proactive in managing changing demand for interpreting services during the COVID-19 pandemic. At the beginning of 2020, most requests were for face-to-face interpreters with a lower demand for telephone interpreting, which was predominantly for after hours and weekends. From April 2020, DHHS required health services to restrict onsite bookings, particularly those requiring contracted interpreters to minimise risk of COVID-19 transmission.

In response, Interpreter Services implemented telehealth interpreting, conducted through either telephone or videocall. Processes were developed to encourage CaLD patients and clinical staff to access interpreters remotely, whether for outpatient appointments or inpatient consultations.

Telehealth interpreting ensured CaLD patients were still able to participate in their healthcare.

Telephone consultations met the majority of demand, mainly in outpatient settings. The remainder of services were provided either through telehealth (videocalls) or, in a few, specific circumstances, through onsite interpreting.

In total, 15,000 episodes of care were provided with interpreters in 2020, an increase of 35% over 2019, mainly due to the uptake of telephone interpreting. Remote video interpreting, previously a developing area, is now likely to provide a viable alternative to onsite and telephone interpreting.

To support the uptake of telehealth interpreting, the Cultural Diversity training program developed a number of online training modules to meet staff needs, including one on telephone interpreting.

TRANSLATIONS AND TRAINING

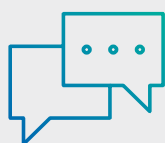
COVID-19 patient information was translated in the languages of our main CaLD communities. Staff also have access to DHHS and Victorian Multicultural Commission translations and audio files to support them in looking after CaLD patients with suspected or confirmed COVID-19.

To ensure health information is available to all CaLD patients, translations relating to screening, testing, infection control and health precautions, such as the importance of using face masks and hand washing, are available for staff to share. Information about alternative ways of communicating with CaLD patients in the absence of interpreters, if remote interpreting is inappropriate or unavailable, such as by using the St Vincent's Talk To Me app, is regularly broadcast to all staff.

NEW GUIDELINE

To ensure culturally responsive care at end of life, a new guideline was ratified in August 2020 entitled *Pastoral Spiritual and Psychosocial Cultural Care at end of life during COVID-19*. Consistent with the SVHM Diversity and Inclusion Policy (2019), this guideline focuses on the cultural dimensions of pastoral, spiritual, and psychosocial end-of-life care including possible adaptations and modification required during the COVID-19 pandemic, as there is often limited information available.

- Approximately 85% of agency interpreter requests and 25% of staff language requests were for telephone interpreting.
- In comparing 2019 and 2020 activity, there was a 50% increase in telephone interpreting and a 50% decrease in onsite agency interpreting during the pandemic.
- An interpreter audit could not be held in 2020 due to the complexities of doing this during the COVID-19 pandemic when the Specialist Clinics and many clinicians provided remote services.



64

languages requested



15,000

episodes of care
(face-to-face/telephone/
video call)



PROFESSIONAL DEVELOPMENT FOR STAFF IN CULTURALLY RESPONSIVE CARE

With the onset of COVID-19, all face-to-face training was replaced by online options. Aside from the regular online training module on Providing culturally responsive care at SVHM, between March and August 2020, the cultural diversity program converted a number of workshops into online webinars.

Topics included Cultural considerations at end of life; Culture, language and mitigating grief and stress response; and Cultural responsive dementia care: non pharmacological interventions. In addition, a new live, interactive webinar entitled Cultural Responsiveness and Safety during COVID-19 was rolled out in June 2020.

Overall, in terms of professional development in the culturally diverse space:

- 1,264 staff participated in at least one online module;
- 320 participants attended face-to-face training (prior to March 2020);
- 30 workshop sessions were delivered (1 July – 10 March 2020).

ACCESSIBILITY AND INCLUSION

An Accessibility and Inclusion Action Plan for People with Disabilities 2018-2021, previously known as the Disability Action Plan, was implemented in 2019.

The purpose of this Action Plan is to ensure access and equity to the services and facilities provided by St Vincent's to all members of the community, in particular those with a disability, inclusive of consumers and staff.

This plan is been sponsored by the Diversity and Inclusion Steering Committee and the Community Advisory Committee. It was developed in consultation with both staff and service recipients alike from the community we serve: patients, carers, family members and volunteers.

DISABILITY LIAISON OFFICER

In 2020 St Vincent's appointed Karen Phipps (pictured below) as the organisation's first Disability Liaison Officer to support people with disability, their families and carers to access services at St Vincent's.

Karen's role is to reach out and support people with disability, their families and carers – to break down identified barriers they experience when accessing

healthcare services, and to ensure their concerns are heard and acted upon.

"People with intellectual disability present to emergency departments at two to three times the rate of the general population, and experience higher rates of morbidity and mortality," says Karen. "This role is a wonderful opportunity to bring people together; to find practical, meaningful solutions, break down barriers and open the lines of communication."



DISABILITY PARKING IN BOLTE WING (BUILDING F)

Patient and carer feedback that accessible car parking next to Bolte Wing was challenging to access prompted a Continuous Improvement Project to improve the availability of parking options for people with disability.

The problem breakdown found that patient access to undercover, car parking was limited by contractors and other staff taking spaces marked for people with a disability. A single dedicated accessible car park was not undercover. Furthermore, the two additional undercover car parks were not dedicated accessible car spaces, with inadequate space for a person with disability to safely use and labelled as 'patient only'. As a result, contractors and other staff were parking in these spaces 33% of the time.

To address the issue the car park layout and signage were changed to create two undercover dedicated accessible car spaces. The new signage makes it very clear that spaces are for persons with a disability only.

PROJECT DIGNITY - ACCESSIBLE CHANGE FACILITY

A capital project was undertaken to upgrade the existing toileting and change facilities for people with complex disability located in the Bolte Wing. The absence of a patient change room, and bathroom facility to cater for those we serve resulted in multiple patient complaints and risk reports. The public bathroom lacked privacy, patient dignity and increased OHS risks to both staff and patients.

Following major renovations, a toilet now includes accessible change facilities to meet the needs of young people with severe physical disability and other complex patient groups. An electronic height adjustable adult change table and overhead ceiling hoist has been installed within a renovated accessible toilet.

Project Dignity means a more sensitive and caring patient experience, ensuring patients' needs, rights to privacy and personal dignity are met.



SUPPORTING LGBTIQ+ COMMUNITIES

Over the past year, St Vincent's has looked at a number of ways to enhance the patient experience for LGBTIQ+ communities.

One of the most inclusive steps taken was the introduction of gender-neutral toilets from February 2021 as part of a pilot program at its Fitzroy site.

"It is a big signal for LGBTIQ+ communities that this is somewhere they can feel comfortable, welcome and accepted," says Mx Christina Hotka, LGBTIQA+ Safety and Responsiveness Project Officer at St Vincent's.

Another positive move saw a Reflective Practice Space established within the Hospital at the end of last year.

"This space offers somewhere staff members can feel safe and supported to talk about organisational transformation and delivery of care to LGBTIQ+ patients," Christina explains.

In the year ahead St Vincent's will continue to work on shaping a more supportive environment for LGBTIQ+ patients and staff and current focuses include:

- **INTRODUCING** standardised language in day-to-day operations to encompass pronouns, chosen name and titles that affirm trans and non-binary people in our care.

This expansion of terms will start to be rolled out on patient forms across various SVHM departments from early 2021, and will also be encouraged when staff are communicating with patients.

- **CREATING** an LGBTIQ+ volunteer network (The Rainbow Network) that represents the specific needs of the LGBTIQ+ communities.
- **EXPANDING** a staff training suite delivered in 2020 for mental health, specialist clinics and Body Image Eating Disorders Treatment and Recovery (BETRS). In 2021 a package surrounding considerations for LGBTIQ+ staff will be included. This will enhance understanding of workplace discrimination and lateral violence, inclusive recruitment, social transition in the workplace, considerations for LGBTIQ+ family violence leave and gender affirmation leave.
- **ESTABLISHING** a peer-led LGBTIQ+ Suicide Prevention Group Program series through a \$10,000 grant awarded by the North Western Melbourne Primary Health Network to SVHM's Mental Health Project Team.
- **FURTHERING** plans to change the women's only area in SVHM's Mental Health ward into a gender-sensitive space.

MARCHING WITH PRIDE

In a show of solidarity with the LGBTIQ+ communities, around 100 staff from St Vincent's proudly participated for the first time in the annual Midsumma Pride March on Sunday 2 February 2020.

St Vincent's involvement was an important step in demonstrating the Hospital's commitment to being inclusive, affirmative and responsive to the needs of LGBTIQ+ consumers and staff.

"It meant a lot to staff being able to march under our Hospital's banner and was a clear message to them and the community of the very supportive environment St Vincent's is creating," says Christina Hotka, LGBTIQA+ Safety and Responsiveness Project Officer at St Vincent's Hospital Melbourne.

SVHM will continue to have a regular presence at the march moving forward, and our Hospital will also be represented for the first time at the Sydney Mardi Gras in 2021, when two staff members from SVHM join their St Vincent's Sydney colleagues on the St Vincent's float.



OUR MENTAL HEALTH SERVICES

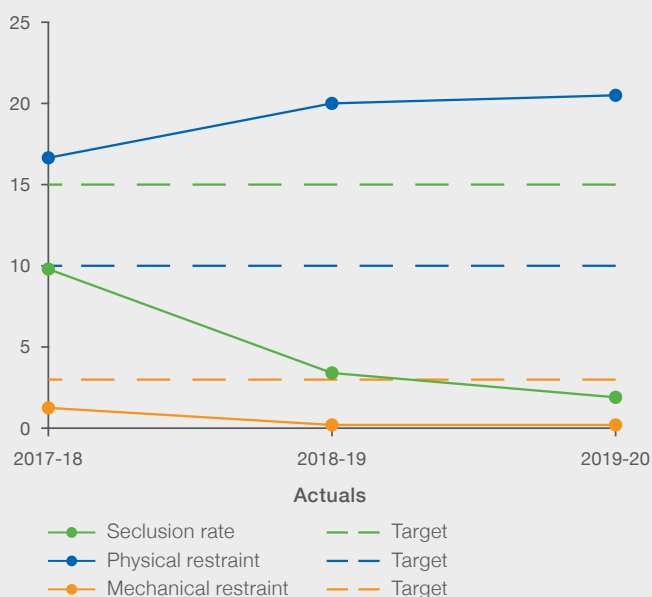


St Vincent's has a long and outstanding commitment to providing excellent care for consumers suffering from mental illness – offering clinical mental health services to people aged between 16 and 65 and living in the cities of Yarra and Boroondara, and to those over 65 from the St Georges campus.

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. Normanby House is a 20-bed Aged Mental Health inpatient unit on the St Georges campus.

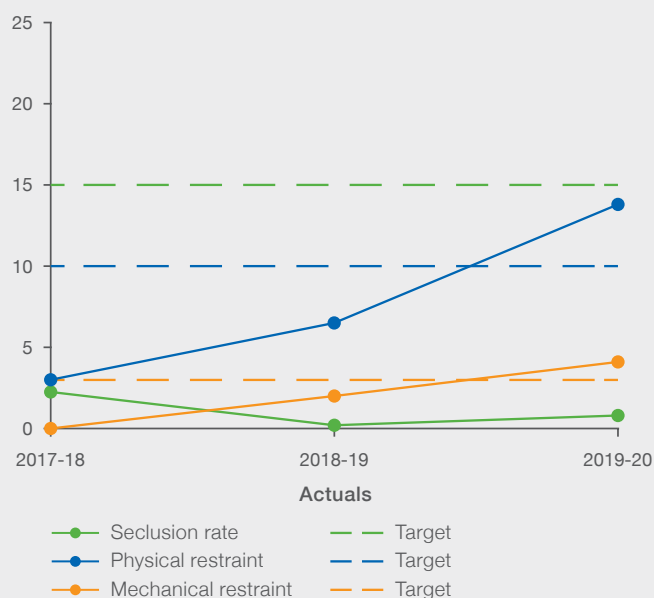
ADULT INPATIENTS*

*average monthly rate per 1,000 bed days



AGED PSYCHIATRY INPATIENTS*

*average monthly rate per 1,000 bed days



Since 2017-18, St Vincent's Adult Mental Health has experienced less seclusion events and mechanical restraints. Physical restraints have risen slightly. These are usually brief (less than one minute) and are to administer medication or to escort a person from one part of the ward to another. Physical restraint is considered to be less intrusive than seclusion or mechanical restraint and it allows staff to interact and support the person during the event.

Aged Mental Health seclusion has fallen. Physical and mechanical restraint rates appear to have risen but this is attributable to more consistent recording and reporting. Restrictive practices were reviewed through a continuous improvement project that focused on staff education, improved documentation and reporting systems. The duration of physical restraint and seclusion events has decreased due to a renewed focus on SafeWards including alternatives to restrictive interventions, early intervention for 'flashpoints' and staff wellbeing.



SAFEGUARDS

SafeWards is an evidence-based practice model to reduce conflict and restrictive interventions. The model draws attention to 'flashpoints', moments of opportunity for clinicians to prevent conflict and to minimise use of restraint, medications and seclusion. 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.



SENSORY MODULATION

Sensory modulation is used to reduce the need for restraint and seclusion. Bluetooth headphones are available for use, and have been particularly well received by consumers, who have provided positive feedback. Sensory baskets containing equipment designed to relax consumers are also available. Massage chairs and a sensory room in the Low Dependency Unit also have high use. Sensory modulation is also used in the Aged Mental Health inpatient service.

COMMUNITY MENTAL HEALTH FOOD SERVICE

Staff at St Vincent's Community Mental Health Services provided some of our vulnerable mental health clients impacted by COVID-19 restrictions with essential food packages during the peak of the pandemic.

"Thanks to a \$60,000 grant from SVHA's Inclusive Health and Innovation Fund, we started this program and at one point, we were averaging around \$900 a week worth of supplies at one of the mental health clinics alone," says St Vincent's Peer Support Worker George Skoufis.

More than 350 people have benefitted from the service that saw just over 400 food packages and mobile phone vouchers distributed from June to November to those in need. The program concluded at the end of November 2020.

"Normally the interaction between case managers and clients is about medication and treatment and this program has changed that," George explains.

"We had some clients literally in tears from being happy that we were thinking of them during this difficult time."



SAFE HAVEN CAFE PROVIDES VIRTUAL MENTAL HEALTH SUPPORT DURING LOCKDOWN

St Vincent's Safe Haven Cafe – a therapeutic drop-in centre for people seeking mental health support – came up with a clever way to stay connected with clients during Stage 4 restrictions last year.

They offered a virtual service when the cafe hub, located in the art gallery at St Vincent's, was unable to open to visitors.

Recognising the increased importance this service plays, especially in a time of high stress and uncertainty brought about by the global pandemic, St Vincent's Mental Health partnered with the Hospital's telehealth team to make sure clients continued to receive support.

"We deal with a lot of people who are socially isolated at the best of times, and being in lockdown would isolate them even further and deprive them of perhaps the only contact they have," says Fran Timmins, Director of Nursing at St Vincent's Mental Health.

Launched in 2018, the service usually operates as an after-hours cafe staffed by peer support workers and a clinician.

Over time, the project team has built a strong rapport with regular clients, which made it easier to quickly establish contact and get the virtual space up and running.

The virtual program started in November 2020 and included support to develop self-management skills that enabled individuals to feel more confident in maintaining their own mental health.

Some of the Cafe's more vulnerable clients were also offered the opportunity to make use of a mobile phone as part of the remote service to ensure they could readily reach out for help as needed.

The virtual program is still being offered as an option, even though the Cafe has opened its door to customers again. This has allowed those who are unable or reluctant to venture from home, a chance to remain connected.



ESCALATION OF CARE

ACUTE ESCALATION OF CARE

Delays in responses to clinical deterioration are associated with poorer outcomes for patients. Acute deterioration includes physiological changes, as well as acute changes in cognition and mental state. Understanding how to respond is a complex process and it can be difficult for clinicians to know when and who to call.

Escalation of care aims to improve patient outcomes through early recognition of deterioration and initiation of appropriate and timely interventions. In line with the National Consensus Statement and the ACHS National Standards for “Recognising and Responding to Acute Deterioration”, St Vincent’s has implemented a formal documented escalation protocol for Acute, Sub Acute and Mental Health wards to assist clinical staff in escalating care.

The escalation protocol authorises and supports clinicians at the bedside to escalate care until the clinician is satisfied that an effective response has been made. The escalation protocol has a graded response incorporating options such as:

- Increasing the frequency of observations;
- Interventions from nursing and medical staff;
- Reviews by the attending medical officer or team;
- Obtaining emergency assistance or advice;
- Transferring the patient to a higher level of care locally or to another facility.

CASE STUDY:

A Medical Emergency Team (MET) call was placed for a 35-year-old male with respiratory distress, which was escalated to a Code Blue for a likely pulmonary embolism following the patient moving for the first time since his operation. The patient was treated on the ward and transferred to ICU for ongoing management. He avoided intubation and went to the ward two days later.



FAMILY ESCALATION OF CARE

On occasion, patients suffer delays in treatment, despite families identifying and reporting concerns of clinical deterioration to the healthcare team. For this reason, Family Escalation of Care is considered an integral part of patient safety.

St Vincent's was invited to be a pilot site for HEAR Me, Safer Care Victoria's new 24/7 call service for patient and carer escalation of care. HEAR Me provides an additional safety net for patients and carers, empowering them to voice unresolved concerns and receive a timely response.

It also supports health services to meet the National Safety and Quality Health Service Standards requirement to provide a process for patients and carers to directly escalate care.

HEAR Me is based on Queensland's Ryan's Rule call service, which has high satisfaction rates among consumers and has improved communication between clinicians, patients and carers. The pilot commenced in chosen acute wards in October 2019 and then Geriatric Evaluative Medicine (GEM) at St Georges in February 2020.

Key learnings from the project included the importance of following protocol, having clear patient plans and that communication is key both between team members and with patient, family and carers.

ESCALATION OF CARE IN RESPONSE TO DETERIORATING MENTAL HEALTH

The adverse outcomes resulting from deteriorating mental health during a hospital admission are well recognised. These include suicide, aggression, and the traumatic use of restrictive practices. The Australian Commission on Safety and Quality in Health Care (ACSQHC) standard recognising and responding to deterioration in a person's mental state was developed in order to address these issues.

St. Vincent's established a Deteriorating Mental Health Steering Committee in 2018. The aim of the committee was to develop a framework for recognising and responding to the mental health deterioration of patients in the acute health setting.

A feasibility and useability study was undertaken in 2019-20 for a mental health screening tool that would support a framework for recognising and responding to deteriorating mental health.

A Mental Health Observation and Response Chart with a track and trigger format using signs of distress to detect potential deterioration was designed and implemented in three Hospital wards, with focus groups and a thematic analysis conducted on nurses' experience using the chart.

The chart was easy to use and understand, increased capability in recognising signs of distress and was clinically relevant for specific patients. Nurses found

the chart useful for monitoring potential deterioration and providing care for patients with mental health presentations, unpredictable behaviours or emotional stressors, notably delirium and alcohol withdrawal.

The introduction of the chart and the focus of a response framework highlighted a lack of collaboration between nursing and medical staff. However, the chart provided evidence for engaging medical or specialty services such as psychiatric consultation service, or addiction medicine services to address potential deterioration.

Recommendations following this study are to:

- **Maintain** a simple, quick and understandable assessment process and escalation pathway in accordance with the Escalation Mapping Template and Standard 5: Comprehensive Care (NSQHS);
- **Develop** a risk screen to determine patients that require the observation chart;
- **Refine** the signs of distress and develop these for a routine observation chart;
- **Maintain** the escalation pathway;
- **Confirm** an education and learning plan for nurses;
- **Establish** a plan for medical collaboration and inter-professional practice.

MANAGING THE WELLBEING OF HEALTHCARE WORKERS

A set of initiatives developed last year by St Vincent's helped staff manage their wellbeing during the COVID-19 pandemic, especially with the increased levels of anxiety and trauma experienced.

The Wellbeing Action Plan – COVID-19 was developed by St Vincent's Hospital Melbourne when the virus hit Australia in March. It was later modified to accommodate the pandemic's evolving stages.

"It is a living action plan," says the Hospital's Wellbeing Program Coordinator, Monita Mascitti-Meuter.

When the virus first emerged in Victoria, staff were prepared for an overflow of patients. But the wave was smaller than anticipated and the emergency department was quieter than usual.

Staff then had to manage feelings of knowing they would need to be perpetually prepared for a surge," says Jacqui Bloink, Workplace Wellbeing Program Manager.

When the second wave hit in July and August, a heightened level of pressure was felt.

"Some of our staff likened the effects of riding these waves as living with permanent stress fractures," Jacqui says.

Through the targeted Wellbeing Plan, St Vincent's was able to provide quick and effective care and support.

Some of the program's strategies that were particularly successful included regular communication, such as daily huddles, to help staff feel empowered to go about their work and practise with the most up-to-date knowledge, as well as a buddy system and end-of-shift debriefing, which helped staff mitigate feeling overwhelmed.

Hotel provision for staff requiring self-isolation, donations to teams in need of extra support, and access to mindfulness exercises, well-curated resources and targeted online training were other strategies adopted.

The COVID-specific plan also saw STAR (Support Team Action Response) Peer Support boosted to provide wellbeing text messages and phone calls to all COVID-positive staff and those isolating.



ACCREDITATION AT ST VINCENT'S



St Vincent's has over 15 sites that are regularly reviewed by a number of accreditation organisations. We have been accredited by the Australian Council on Healthcare Standards (ACHS) since 1976.

Our four residential aged care facilities – Auburn House, Cambridge House, Prague House and Riverside House – are fully accredited with the Australian Aged Care Quality Agency (AACQA).

Other SVHM services are accredited with the following agencies:

- Pathology – National Association of Testing Authorities (NATA) and Therapeutic Goods Association (TGA)
- Radiology – NATA
- SVHM BreastScreen – BreastScreen Australia
- Commonwealth Home Support Program (Hospital in the Home, Domiciliary, Day Respite) – AACQA
- Victorian Dual Disability Service – ACHS Human Services Standards (HSS)
- GP clinics – Australian General Practice Accreditation Limited (AGPAL)
- Youth Health and Rehabilitation Service (YHaRS) – ACHS HSS

In October 2019, we welcomed surveyors from the ACHS to comprehensively assess our practice and processes in a full organisation wide Accreditation assessment

St Vincent's Hospital Melbourne met all standards – no formal recommendations were made.

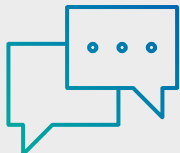
Overall, the team from ACHS were extremely impressed by the compassion and care shown by our staff to our patients, their families and to each other.

"It has been really rewarding to see where staff have gone far beyond the minimum in many areas," says lead assessor A/ Prof Wendy Wood.

She also expressed her appreciation towards our staff's openness and transparency which provided her team with confidence that our methodology does not avoid problems, but rather tackles them head on.



**ST VINCENT'S
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MELBOURNE



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Any images of staff and/or patients without a surgical mask
were taken pre-COVID-19