



ST VINCENT'S
HOSPITAL
MELBOURNE

125 YEARS

of Stories



ST VINCENT'S
QUALITY ACCOUNT
2018

10

YOUR
FEEDBACK

20

ABORIGINAL
HEALTH

26

OUR DIVERSE
COMMUNITY

32

OUR MENTAL
HEALTH
SERVICES

Contents

2017-18 IN NUMBERS	2
ABOUT ST VINCENT'S	4
OUR COMMUNITY ADVISORY COMMITTEE	6
YOUR FEEDBACK	10
IMPROVING QUALITY AND SAFETY	16
ACCREDITATION AT ST VINCENT'S	18
ABORIGINAL HEALTH	20
OUR DIVERSE COMMUNITY	26
OUR MENTAL HEALTH SERVICES	32
ADVANCE CARE PLANNING	44
END OF LIFE CARE	46
STAFF EXPERIENCE	48



We are committed
to providing
compassionate and
innovative care,
enabling hope for
those we serve.

Welcome



On behalf of St Vincent's Hospital Melbourne, I am delighted to present the Quality Account for 2018.

This publication is the health service's opportunity to demonstrate to you our performance over the past year and is a snapshot of some of the important initiatives and achievements of the last 12 months.

In this, our 125th anniversary year, we celebrate the inspiring legacy of the Sisters of Charity. These determined and visionary women led the way in many fields with their commitment to those needing help, consoling, encouragement and care.

We continue to see their legacy in the inspirational work of the dedicated St Vincent's staff who live and breathe the Mission and values of the Sisters.

In 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.

As a member of the Community Advisory Committee for the last four years after spending time as a patient at St Vincent's Cancer Centre, I have relished the opportunity to give back to the hospital that had been so wonderful to me in my time of need.

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

On behalf of the 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

2017-18 IN NUMBERS



5,000+

STAFF



781

BEDS



60,000

INPATIENTS



151,000

CLINIC APPOINTMENTS





48,000

EMERGENCY PRESENTATIONS



7,000

ELECTIVE SURGERY ADMISSIONS



\$180,000

PROVIDED THROUGH OUR
GOOD SAMARITAN FUND



850,000

MEALS SERVED



262

VOLUNTEERS



50

LANGUAGES SPOKEN
BY OUR PATIENTS



80.6%

HAND HYGIENE COMPLIANCE



770

RESEARCH PUBLICATIONS



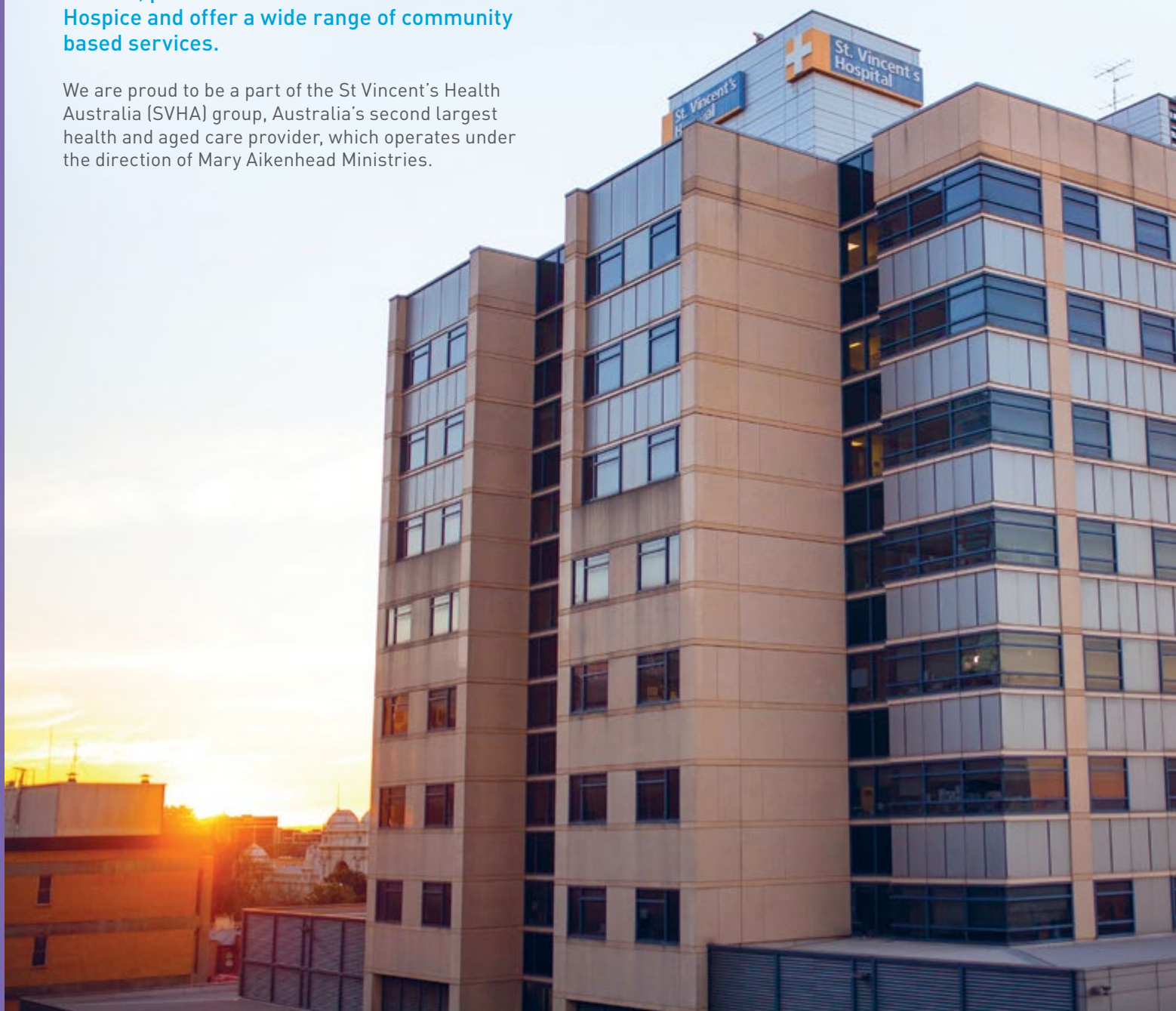
125

YEARS OF CARING

About ST VINCENT'S

St Vincent's Hospital Melbourne (SVHM) operates at 15 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 Hospice and offer a wide range of community based services.

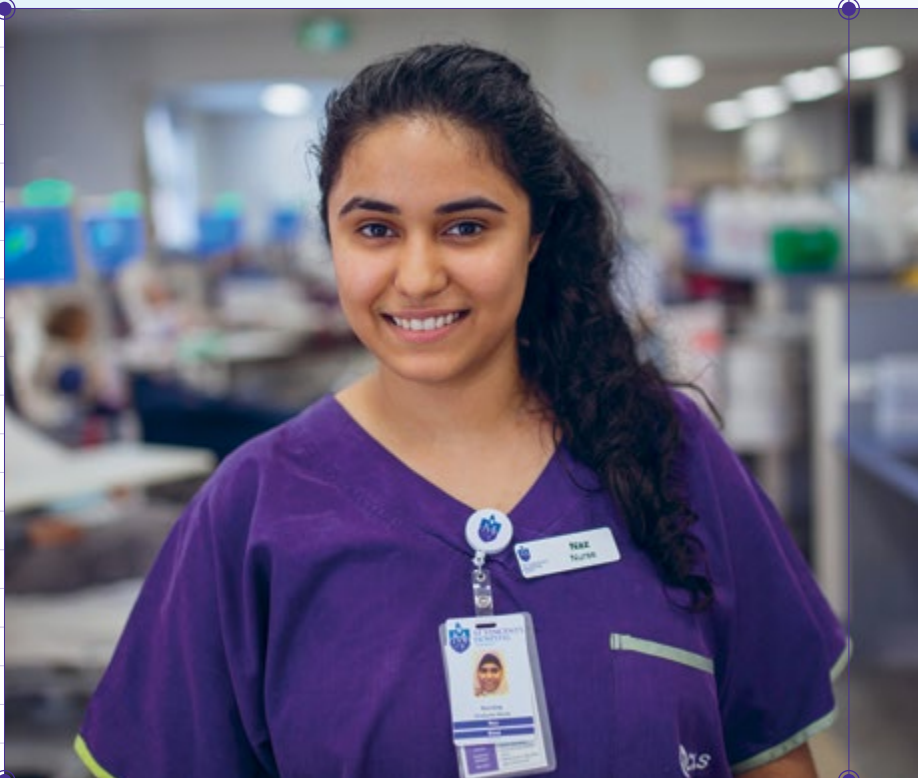
We are proud to be a part of the St Vincent's Health Australia (SVHA) group, Australia's second largest health and aged care provider, which operates under the direction of Mary Aikenhead Ministries.



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 people who are poor or vulnerable.

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.



Our vision

TO LEAD TRANSFORMATION IN HEALTH CARE
INSPIRED BY THE HEALING MINISTRY OF JESUS.

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 we enable others to flourish



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 Executive and 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, 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.

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.

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

Ms 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 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 Tina Bourekas – Tina is the Active Ageing and Disability Services Lead at the City of Boroondara. Tina has a social work background with over 20 years' experience in the Welfare sector. She has spent the last 7 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.

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

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 (including access to appropriate healthcare) 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 currently volunteers for various community organisations.

Miss Larissa Hall – Larissa has a background in wealth management with team management and leadership responsibilities which involves interacting with people from all walks of life and all types of situations. Larissa has previously volunteered in a number of areas including overseas in Thailand orphanages, non-for-profit legal organisations and policy research.

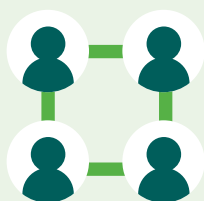
Larissa has a strong interest in helping contribute to a better experience for consumers, carers and also staff within St Vincent's as well as operations and policy / planning development. (Commenced January 2018).

Ms Cathy Henderson – Cathy is the General Manager of the Community Division at Darebin City Council. Cathy has experience working in complex local government environments across a broad range of portfolios at the City of Port Phillip, Waverley Council NSW and now at the City of Darebin (Commenced June 2018).

Back row: David Jones,
Jas Streten, Larissa Hall
Front row: Kevin Boyce, Jenny
Wilkins, Angela Fitzpatrick



MEETS BI-MONTHLY



**12 CONSUMER AND
COMMUNITY MEMBERS**



**STAFF PRESENT ON KEY QUALITY
IMPROVEMENT ACTIVITIES AND
GAIN VALUABLE FEEDBACK**



**EXECUTIVE MEMBERS
ALSO ATTEND**

Mr David Jones—David has vast experience in the fields of Information Technology, Project Management and Procurement. David has been recognised as a Legend of Business and Law by Victoria University for his voluntary work with the Work Integrated Learning Unit which involved mentoring undergraduates who have subsequently achieved success in industry.

David contributes to St Vincent's as a way of giving back to the community after life saving surgery. (Commenced October 2017).

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.

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 Charmaine Weeks—Charmaine is a consumer representative on the SVHM Partnering with Consumers Project Working Group. Charmaine is also a volunteer at 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 Jenny Wilkins—Jenny has a health sector consultancy background addressing risk to patients, developing strategies for clinical improvements and effecting change in policies, protocols and work practices. She worked across major hospitals in Melbourne and regional health services in Victoria. She also has board experience in the not-for-profit, government and corporate sectors over a number of years. Jenny's recent consumer experience was as carer for her seriously ill partner. (Commenced August 2017).

Tell us what you think

The Quality Account is an opportunity for us to showcase to patients and their families how we are working to help improve the health and wellbeing outcomes for Victorians.

We asked you for feedback on the Quality Account. You told us that you would like to see simpler language, less jargon and more storytelling. You also advised that the report should communicate quality and safety information in a way that is accessible and easy to understand, with less dense text, shorter sentences and more images and infographics.

'Some content is easy to understand. Other content is quite difficult to understand. This is mainly due to the volume of information and long sentences.'

'Overall, it is easy to read but some language is jargonistic.'

'Some sections use quite complex language and very long sentences'

We have taken your feedback onboard. The 2017-18 Quality Account has a more accessible and easy to understand layout, with 25% less text than last year. This year's report also contains more patient and staff stories to illustrate our quality improvement.

Please contact us if you have feedback about the content, layout or accessibility of the Quality Account. By sharing your thoughts, you will help this report best meet the needs of consumers, carers and the community.

Please send any feedback to comms.melb@svha.org.au or call 9231 4127.

Improving Health literacy

Patient brochures are often difficult to read for patients who are unwell, under stress or are unfamiliar with the complexity of information due to low health literacy. For the 60% of Australians with low health literacy this can be frustrating if they cannot understand information about their health issue.

With the assistance of an SVHA 'Inspired to Care' grant, the Speech Pathology and Language Services departments worked in partnership with a consumer to develop training for staff to improve their skills in writing patient health information. The training focuses on developing and writing information for patients that is easy to read so patients could understand written instructions or follow advice and help to improve their health.

For example, the Advance Care Directive is a document that captures a patient's wishes about their future healthcare and which has been written in plain English. The resulting translations have helped patients understand a complex subject.

The 'Writing patient information' training also forms part of the CAC's Action Plan to ensure there is a consumer focus which meets the needs of patients with a broad range of literacy. Eight training sessions were included in the CAC's plan for 2018-19 and we are well on our way to achieving this.

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.



Denise Reynolds, Quality Coordinator

Accessibility and Inclusion

A 2015-2018 Accessibility and Inclusion Plan is in place and was updated in March 2017. This plan identifies and commits St Vincent's to implementing specific initiatives for people with disabilities, ensuring we continually improve our services and facilities with a view to delivering an accessible and inclusive healthcare service for all the community. A new 2018-2021 Accessibility and Inclusion Plan for People with Disabilities is currently being developed.

Progress against Key Performance Indicators is reported annually to the Community Advisory Committee and Executive.

The objectives of the Plan are to:

- + better meet the needs of people with a disability who access St Vincent's services
- + meet legislative requirements
- + foster and create a healthcare service where people with a disability are afforded the same opportunities as the broader community
- + promote and increase awareness about the rights and needs of people with disabilities to St Vincent's employees and the broader community
- + focus on practical, achievable and deliverable initiatives to enhance the physical and visual environment
- + enhance communication and reduce attitudinal barriers that may discourage people with a disability from accessing services

The priority areas for action included in the Plan are:

PLANNING AND POLICY DEVELOPMENT

Outcome: Greater accessibility to health services for people with disabilities.

ACCESSIBILITY OF BUILDINGS AND SERVICES

Outcome: People with disabilities have improved physical access to buildings and facilities where health services and programs are provided.

COMMUNICATION

Outcome: All communication regarding services are made available in the full range of formats and promoted via a specific disability communication strategy.

PROMOTING COMMUNITY RECOGNITION, INCLUSION AND ACCEPTANCE

Outcome: Demonstrated awareness and understanding by staff and volunteers of the needs of people with disabilities and special needs.

2017-2018 progress

- + The patient drop off zone outside Building D (Daly Wing) for Outpatient Clinics has now been clearly identified with appropriate signage.
- + Tactile flooring has been implemented across all facilities.
- + Disabled parking car space at Building E (Bolte Wing) has now been refurbished.
- + Patient drop off zone at St Georges Hospital has been refurbished to improve access for patients with a disability.
- + Written Information workshops have been and continue to be delivered to staff to improve the accessibility of written information to the community.

COMPLAINTS, RIGHTS AND RESPONSIBILITY, AND CONFIDENTIALITY


Outcome: People with disabilities will have appropriate access to complaint handling, rights and responsibilities, and confidentiality procedures within services and to independent complaint authorities.

EMPLOYMENT AND HUMAN RESOURCES

Outcome: Improved equity and equal opportunity to enable people with disabilities in our health workforce to realise their full potential.

Your care, **YOUR WAY, YOUR PATIENT EXPERIENCE**

Patient experience data and feedback are an important way to measure 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.



Kathryn Connor,
Nurse Unit Manager on 10W

We participate 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 (Press Ganey)
- + SVHM Consumer Led Patient Experience Survey

Performance relating to the VHES results is combined with results from the Press Ganey surveys and complaints and discussed at peak Quality and Safety governance meetings as well as the Community Advisory Committee.

An action plan has been developed to drive further activities to improve performance across a range of these measures.

Turning feedback into action

Following some average results to the question 'would you recommend this health service to your family and friends?' (also referred to as the Net Promoter Score) from surveyed patients, the 10W Neurosurgery ward undertook some improvement work aimed to address some of the feedback.

'After undertaking a problem breakdown, the two biggest themes were found to be medical staff communication and discharge planning,' says 10W Nurse Unit Manager Kathryn Connor.

With these two issues in mind, a number of counter measures were developed and implemented on the ward. These included:

- + Information boards behind patient beds to enable communication between patients and the families and clinical staff
- + Physiotherapy pathways information for common neurosurgical procedures
- + The 'Welcome to Ward 10 West' video

'Communication was identified as an area for improvement,' says Kathryn. 'We decided to shoot a 'welcome video', introducing the team and patient journey, so that patients and their loved ones were familiar with the ward and staff before they arrived.'

This video is now sent as a YouTube link to all elective patients with their admission information.

Over the past year the following changes have been made to improve patient experience across the board. These changes have been introduced to address the feedback provided to us via all the mechanism mentioned above.

A patient experience improvement model was developed using the St Vincent's improvement methodology 'Your Care, Your Way, Your Patients' Experience'. This improvement module is designed to assist in understanding and analysing patient experience data, identifying opportunities for improvement, implementing and evaluating change and then standardising the change to be part of daily process. The overall aim is to improve our patients' experience which results in a better outcome for patients and St Vincent's.

Problems were identified with discharge planning which led to the 'Countdown to Discharge' project. A new effective discharge process has now been implemented and has been very successful in reducing unnecessary length of stay and reducing the time taken when a patient is leaving hospital. The 'Countdown to Discharge' principles are currently being implemented across St Vincent's. This project will use the discharge satisfaction measures from VHES and Press Ganey as one of the measures of success.

Training sessions were conducted to provide staff with the knowledge and practical skills to assess and adjust written information in order to be accessible to consumers. The written information is now much more accessible and can be easily translated into other languages if required.

A visual pathway brochure was also developed, to help patients and families understand what will be involved during their stay for spinal surgery and a brochure for patients and carers to take home supporting their discharge plan.

A welcome video has been produced by our Neurosurgery Team explaining to patients prior to their planned hospital stay what to expect and introducing the team.

To find out if the improvements were making a difference in patient experience, 10W was chosen to take part in a new trial using SMS messaging to gain feedback.

In this trial, patients received a text message on discharge for a period of six weeks. The survey had one question, which asked patients whether they would recommend the hospital to their friends or family. Patients could also add a comment.

'We wanted it to be quick and simple to give us feedback in order to improve our service,' says Kathryn.

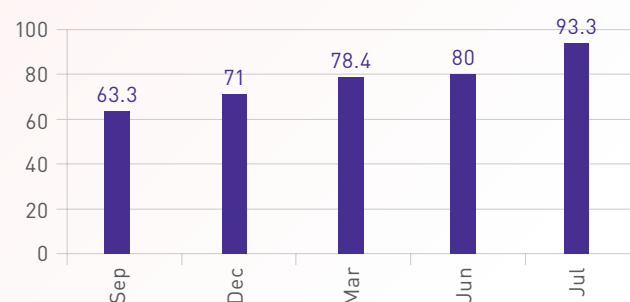
Results were very positive with patients being able to provide 'real time' feedback and the staff being able to address concerns quickly.

'I discuss the comments and results at each team huddle and contact patients to get further feedback. Our Net Promoter Score has improved significantly with our next Press Ganey survey - it was a real morale booster for the team.'

The SMS Net Promoter Score Trial has since been trialled on another two wards and will be rolled out across the campus in early 2019.

10 WEST NET PROMOTER SCORE PATIENT EXPERIENCE

September 2017 - July 2018



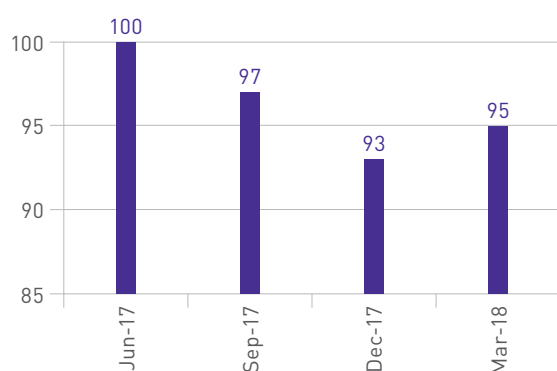
Victorian Health Experience Survey (VHES)

The DHHS's 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

Target = 95%

Survey report date	Result (%)
June 2017	100
Sept 2017	97
Dec 2017	93
Mar 2018	95

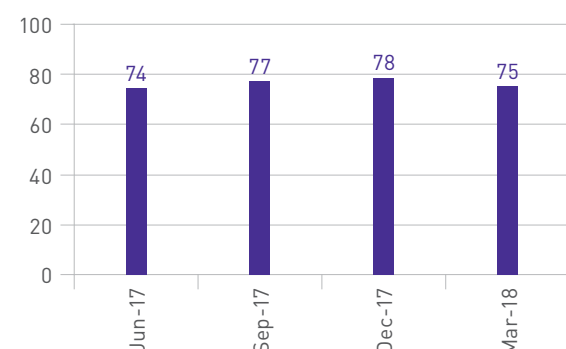


TRANSITION INDEX*

Target = 75%

Survey report date	Result (%)
June 2017	74
Sept 2017	77
Dec 2017	78
Mar 2018	75

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



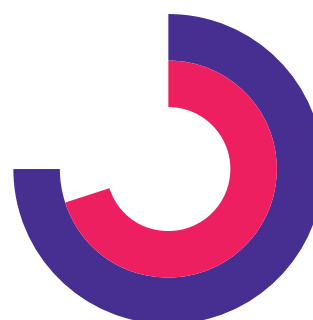
SVHA Patient Experience Survey (Press Ganey)

The SVHA Patient Experience Survey, conducted by Press Ganey, 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 health care experience.

The report also helps us track performance over time and compares results to similar hospitals both in Australia and in the United States of America. Our level of patient satisfaction is generally on par or higher when compared to other hospitals in the database.

Would you recommend St Vincent's to friends and family as a hospital to receive health care?



Definitely	75%
Target	70%

Net Promoter Score - willingness to recommend





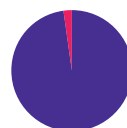
Consumer Administered Patient Experience Survey

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 July 2017 to June 2018, 202 surveys were conducted across the health service.

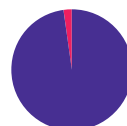
Results continue to be positive and some areas for improvement have been identified. Feedback relating to room set up, patient comfort and patient privacy has been provided to the Nurse Unit Manager where possible by the volunteer at the time of survey to allow for a prompt resolution. This feedback has often resulted in an improved patient and carer experience and has been very much appreciated. 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 the ability for patients to get a good night's sleep and early discussions about discharge. Excellent results are noted regarding the cleanliness and comfort of rooms and being involved in decisions about care.



Is your room comfortable and clean?

Yes	98%
No	2%



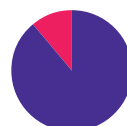
Do staff respect your privacy during their care?

Yes	98%
No	2%



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

Always	26%
Often	25%
Sometimes	38%
Never	11%



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

Yes	89%
No	11%



Have you been involved in discussions about when you leave hospital yet?

Yes	55%
No	45%

Seeking Feedback

Patients, families and the members of the community wishing to provide feedback can do so in many ways.

- + Face to face by direct conversation with staff
- + This form of feedback is encouraged as it is often the quickest and most effective way to have concerns addressed. Feedback can also be provided
- + By phone, email or via the hospital website.
- + Some patients and families choose to write down their concerns on a feedback form or in a letter which is then sent to the SVHM Patient Representative Officer (PRO).

Whichever way feedback is provided it is always viewed and welcomed as an opportunity to understand the patient/family perspective and to improve our care.

Responding to complaints

When we receive a complaint that cannot be resolved immediately and directly with staff, it is referred to the Patient Representative Officer (PRO).

The PRO will support and coordinate further review of the issues which have been raised and liaise with all involved to seek a resolution. Often the PRO will visit the patient on the ward if they are admitted at the time the complaint is made, or will contact the person making the complaint by phone.

This is an opportunity to acknowledge that the complaint has been received and to clarify further details, the preferred method of communication the desired outcome and to outline the next steps.

Compliments are also viewed as important feedback to share with staff and teams, as it promotes person centred and quality care and helps recognise when we 'get it right'. This helps form the standard which we strive to achieve on every occasion.



The timeliness and effectiveness of how we respond to complaints and feedback is also monitored.

- + 100% of complaints received by the PRO were acknowledged within 5 days (usually this took place by phone or in person on the day or day after the complaint was received)
- + 92% of complaints facilitated by the PRO were resolved within 35 days.

Responding to the community through the complaints mechanism

While individual feedback and complaints are reviewed and responded to on a case by case basis, it is important that complaints and trends are analysed to identify where there may be system or hospital wide processes that require adjusting.

Complaint themes are categorised and reported through the governance systems to ensure transparency of some of the more 'chronic' problems that are not easily resolved. These problems are 'called out' and discussed by key leaders across the organisation, and where changes are required steps are taken to make them.

We have used the complaints mechanisms to prompt change and build the capability of our people and our systems to appropriately respond to the needs of the LGBTIQ+ community.

Several complaints highlighted concerns among the LGBTIQ+ community about how we were responding to their needs. This included the language used by staff attending to patients and the way information is obtained and recorded about gender identity.

As a direct result of this feedback, we engaged in a series of consumer-led workshops for staff across different departments. The training focussed on how staff can best respond to the needs of LGBTIQ+ patients and consumers. Further workshops are being planned across the organisation.

A Gender and Sexual Diversity Guideline has also been developed to further embed best practice standards in this area. Once implemented this guideline will help support staff in providing responsive care to the LGBTIQ+ community.

Improving QUALITY AND SAFETY

Over the past 12 months we have continued our strategic focus on embedding continuous improvement into all areas of our health service.



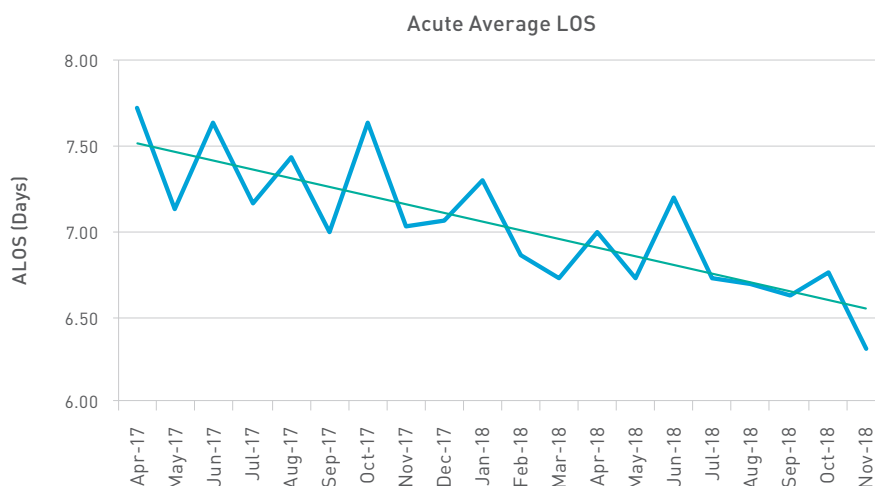
Introduction of Daily Management System

In late 2017 we implemented a Daily Management System (DMS), the latest development in an organisation-wide focus on continuous improvement that is already delivering outstanding improvement in performance.

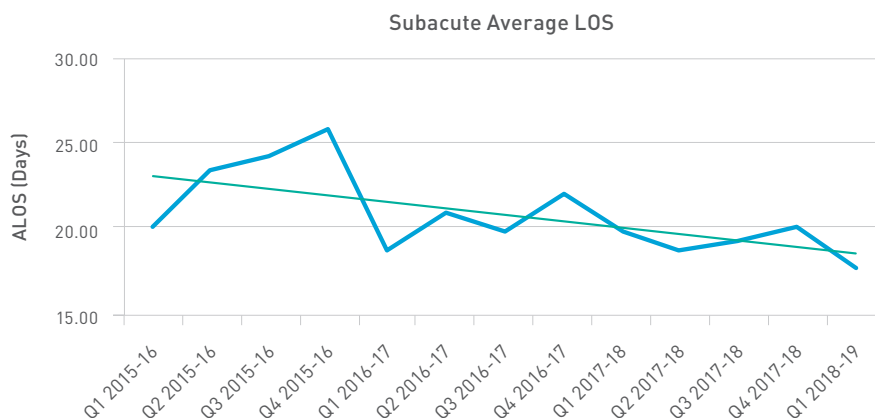
DMS is a three-tiered approach that allows any problems affecting our ability to provide timely, quality care to be discussed, escalated and resolved each day.

The DMS provides a structure for problem solving and escalation when required, returning time to staff so they can get back to providing care for patients.

The DMS commenced in September with five pilot areas; General Medicine, Emergency Department, Subacute, Mental Health and Elective Surgery. After 12 weeks the system was evaluated, adjusted and then extended to the whole organisation in December 2017.



*Full DMS roll-out was in November 2017



*DMS introduced Q1 2017-18

How does reducing length of stay help patients?

Length of stay (LOS) is the number of days a patient stays in a hospital bed as an inpatient. In many cases, a patient can stay in hospital much longer than they need to, waiting for treatment to start, waiting for reviews or waiting for scripts.

Reducing unnecessary LOS by ensuring that the patient journey is efficient and streamlined means a patient can get home sooner, with fewer days in hospital.

Reducing LOS improves patient safety by reducing the risk of hospital-associated harm, which contributes to an even longer stay.

As well as better outcomes for our patients, reducing LOS also increases capacity in the hospital (including beds and staff time), enabling us to care for more patients.

HOW DOES THE DMS WORK?

Tier 1 meetings

Held every morning at ward level, teams go through a set of measures to ensure everything is OK for both staff and patients. Problems are identified and solved among the team.



Tier 2 meetings

Some issues that are beyond the control of local teams require support from senior management. Issues requiring escalation are brought to Tier 2 meetings, which consist of clinical general managers, executive team and representatives from non-clinical areas such as IT and HR.



Tier 3 meetings

Also known as 'Performance Board', these weekly meetings show and update improvement work in relation to the organisational KPIs across the health service.

Improving discharge processes

In late 2017, the General Medical team began a project to reduce the acute length of stay at St Vincent's.

The team identified problems with discharge planning, which led to the 'Countdown to Discharge' project being implemented in February 2018.

'When we looked at our discharge processes, we discovered that many tasks required to discharge a patient did not begin until after the patient had been medically cleared,' said Chief Medical Officer A/Prof Wilma Beswick. 'This resulted in patients staying longer than they needed to, while other patients could not access beds in a timely manner.'

This new process has been very successful, resulting in a number of principles that will soon be implemented across the entire hospital.

Samantha Blade, Nurse Unit Manager of 8W, says her team were really keen to be a part of the Countdown to Discharge trial.

'We wanted to focus on getting the clinical staff involved with discharge as soon as the patient was admitted,' says Samantha. 'This involved setting an estimated discharge date, or EDD.'

The EDD is reviewed constantly and updated at daily meetings according to the patient's clinical condition.

8W have developed a discharge checklist, incorporating the Countdown to Discharge rules, which is placed in the patient's folder upon admission. This ensures that patients and their families feel prepared and there is a clear understanding about the discharge process.

'Countdown to discharge is a simple, effective discharge process, that commences on admission, thereby reducing the tasks once a patient is medically cleared,' A/Prof Beswick says.

COUNTDOWN TO DISCHARGE PRINCIPLES

- ✓ Multi-disciplinary team engagement
- ✓ Estimated discharge dates set and reviewed daily
- ✓ A written discharge standard outlining who, what, when and how
- ✓ Visual management of the Discharge Standard
- ✓ Daily control – to measure performance against the Standard

Accreditation at ST VINCENT'S

St Vincent's has 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 Aged Care Standards and Accreditation Agency (ACSAA).

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



Improving quality and safety

St Vincent's has a clinical governance program that 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 improvement activities at a 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.

Exceptions to the expected performance are escalated to the St Vincent's Executive Clinical Quality and Safety Committee. Through the St Vincent's Chief Executive Officer, the St Vincent's Executive committee reports to the SVHA Chief Executive Officer and to the SVHA Board.

Our improvement focuses on:

- + 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.

“

Congratulations everyone, you continue to show your commitment and even when new standards come in, you are able to make the transition.

– Kay Hogan

”

Periodic Review

In November 2017, we welcomed eight surveyors from ACHS for four days for a mid-cycle assessment, known as a Periodic Review.

The overriding word used by each of the surveyors was 'commendable'. We received 22 'Met with Merit' ratings and there were no recommendations made. The survey team were satisfied that the one recommendation from our 2015 review had been addressed and it was therefore closed.

Lead Surveyor Kay Hogan said the outcome came as no surprise. 'Congratulations everyone, you continue to show your commitment and even when new standards come in, you are able to make the transition,' Kay said.

The surveyors highlighted a number of areas for commendation:

- + the way we work together in teams using weekly huddles, Daily Management System meetings and the Knowing How We're Doing (KHWD) boards
- + the effectiveness of our problem solving approach, the actioning of issues to progress positive change and how engaged we are with the process of continuous improvement
- + the embedding of Allied Health into the organisation
- + the evidence of clear consumer engagement in all facets of our health service

SVHA Board member Sister Maryanne Confoy was particularly pleased to hear this feedback. 'As I sat and listened, I heard the human face of our Mission being described in the various issues under discussion. Mission is alive and well and being transformed in and through the commitment to our values.'

Aboriginal HEALTH

“

As a senior Aboriginal Health Liaison Officer, I work with an incredible Aboriginal team, all of whom are dedicated and knowledgeable in the area of Aboriginal Health. It is vitally important that Aboriginal patients have Aboriginal staff that can support them during their hospital journey. Supporting staff to ensure Aboriginal patients are able to participate in their treatment and recovery plans in a transparent manner is equally important. It is a pleasure to work with such a 'deadly' team and hope that we can leave our future generations a pathway that is worthy of travel.

—Moirá Rayner

”

“

St Vincent's has actively sought to identify with Aboriginal patients in the community, who experience poorer health overall than other Australians.

— Toni Mason

”

St Vincent's has a long and proud history of caring for Aboriginal and Torres Strait Islanders.

'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, the Manager of the Aboriginal Health Unit.

The Aboriginal Health Unit positions St Vincent's 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, and quality improvement, cultural awareness, training and cadetships.

Presentation of Aboriginal and Torres Strait Islander patients



1,346

INPATIENTS



1,347

PRESENTATIONS
TO EMERGENCY
DEPARTMENT



2,982

OUTPATIENTS



Improving Care for Aboriginal and Torres Strait Islander Patients

ENGAGEMENT AND PARTNERSHIPS

- + A Memorandum of Understanding with the Royal Eye and Ear Hospital was established, with the aim of strengthening Aboriginal Health Programs.
- + The Mental Health Unit has a partnership with the Victorian Aboriginal Health Service, Family Counselling Service to ensure culturally appropriate care of Aboriginal and Torres Strait Islander consumers accessing this service.

ORGANISATIONAL DEVELOPMENT

- + The Aboriginal Health Unit enables St Vincent's to further build on our great work in Aboriginal Health, overseeing AHLOs, quality improvement projects, research and programs to increase capacity to deliver better culturally appropriate care.

- + We are about to launch our 2019-2021 Stretch Reconciliation Action Plan, which has targets to continue to achieve a more culturally safe environment for Aboriginal and Torres Strait Islander patients.

WORKFORCE DEVELOPMENT

- + Ongoing external funding maintains St Vincent's opportunity to employ, nurture and train Aboriginal and Torres Strait Islander people to gain future employment at St Vincent's. We were successful in receiving funding for four Aboriginal Allied Health and two nursing cadet positions, as well as being funded for the Aboriginal and Torres Strait Islander Graduate and Cadetships Network Coordinator position that supports the network state wide.



- + SVHA has funded a one hour Cultural Awareness eLearning program for all staff to complete. Content was developed by a national Aboriginal Cultural Awareness Training provider, in consultation with SVHA Aboriginal and Torres Strait Islander staff. This program is currently being rolled out to all sites via work day.

SYSTEMS OF CARE

- + The Aboriginal Health Unit and Social Work Department worked collaboratively to develop a 'Close the Gap' sticker for in-patient files. These stickers have the Aboriginal and Torres Strait Islander flags, AHLO and Social Worker contact details, Close the Gap registration details and transport requirements. This information assists medical treating teams readily identify the AHLO to discuss considerations for discharge planning and to ensure medications provided at discharge are provide free of charge. Feedback about the 'Close the Gap' stickers has been positive. Staff have commented that the sticker is visually appealing and key staff contacts are easy to find.

The Aboriginal Health Unit positions St Vincent's as a leader in Aboriginal and Torres Strait Islander healthcare and research in a hospital setting.

Aboriginal and Torres Strait Islander Employment

St Vincent's currently employs 39 Aboriginal and Torres Strait Islander staff members, which represents 0.64% of the total workforce of more than 5,800 people. With a stated target of 1.2% of staff to be Aboriginal and/or Torres Strait Islander, by 2019, we are currently 34 employees short.

We are committed to improving the employment experience and opportunities of Aboriginal and Torres Strait Islander Australians. We have adopted the Prime Minister's 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, St Vincent's is continuing to action our Aboriginal and Torres Strait Islander Employment Strategy 2016-18. The emphasis within this plan is the introduction of new career pathways for Aboriginal and Torres Strait Islander employees that are sustainable and rewarding for both the individual and organisation.

We recently announced new Sub-KPIs as part of our Aboriginal and Torres Strait Islander Employment Strategy moving forward. These KPIs include Directorate-specific Aboriginal and Torres Strait Islander employment targets, application process time KPIs, and Cultural Awareness and Cultural Safety Training KPIs.

Each Directorate has met with the HR & Indigenous Program Specialist and developed Directorate-specific strategies to meet their targets across 2018-2019. This includes a unanimous directive from the Executive Leadership Team to target all positions across St Vincent's for Aboriginal and Torres Strait Islander recruitment.

We have seen a decrease in the annual attrition rate of Aboriginal and Torres Strait Islander Staff.

Attrition of Aboriginal and Torres Strait Islander staff across this period has mostly been due to our staff choosing to take skills learned at St Vincent's back into the Aboriginal and Torres Strait Islander community. St Vincent's considers this a great result and supports our Aboriginal and Torres Strait Islander staff in pursuing opportunities that contribute positively to the Aboriginal and Torres Strait Islander community.



Stephanie Hayes



45 NEW ABORIGINAL AND TORRES STRAIT ISLANDER STAFF EMPLOYED SINCE 2012



12 ABORIGINAL AND TORRES STRAIT ISLANDER NURSES SUPPORTED TO COMPLETION OF NURSING DEGREES AND INTO GRADUATE POSITIONS THROUGH THE ABORIGINAL NURSING CADETSHIP PROGRAM



7 ABORIGINAL AND TORRES STRAIT ISLANDER GRADUATE NURSES HAVE COMPLETED GRADUATE YEAR THROUGH THE ABORIGINAL GRADUATE NURSING PROGRAM



RECRUITED 2 GRADUATE NURSES IN 2018 AND 2 IN 2019



29 ABORIGINAL AND TORRES STRAIT ISLANDER STAFF EMPLOYED THROUGH THE NEW HR & INDIGENOUS PROGRAM SPECIALIST ROLE AND THE ABORIGINAL HEALTH UNIT

HR administrator Stephanie Hayes recently joined St Vincent's after hearing about employment opportunities for indigenous applicants. Stephanie sat down with HR & Indigenous Program Specialist Sye Hodgman to discuss her strengths and interests.

'We had a chat about what I'd done previously, what my skills were and my areas of interest,' Stephanie says. 'It seemed like a good change and came at the right time.'

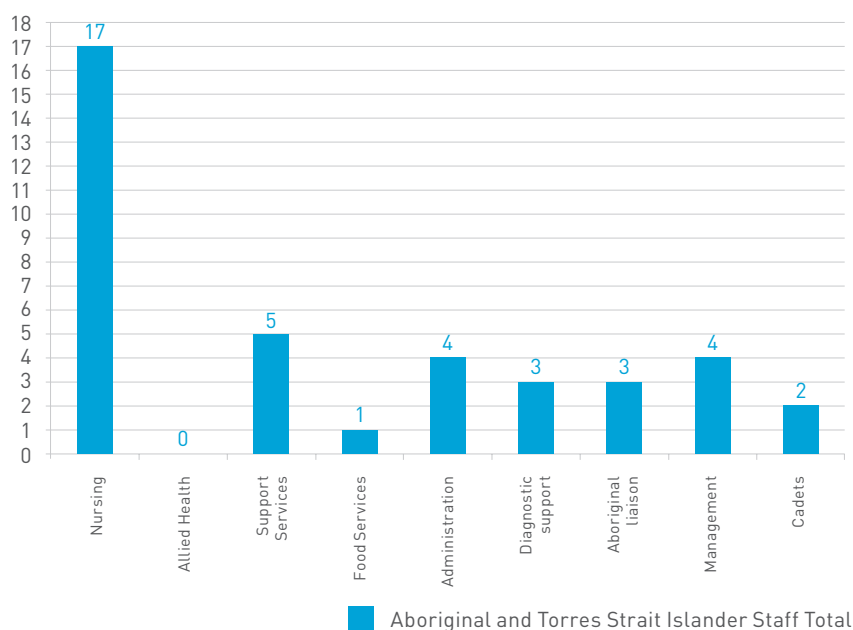
Stephanie says that focussing on the strengths and interests of indigenous applicants gets more people into the workforce who may have not been able to otherwise.

'For example, if you want to go into OHS but have never had direct experience, but you've expressed a strength and interest in the skills needed, then Sye and the team will focus on that.'

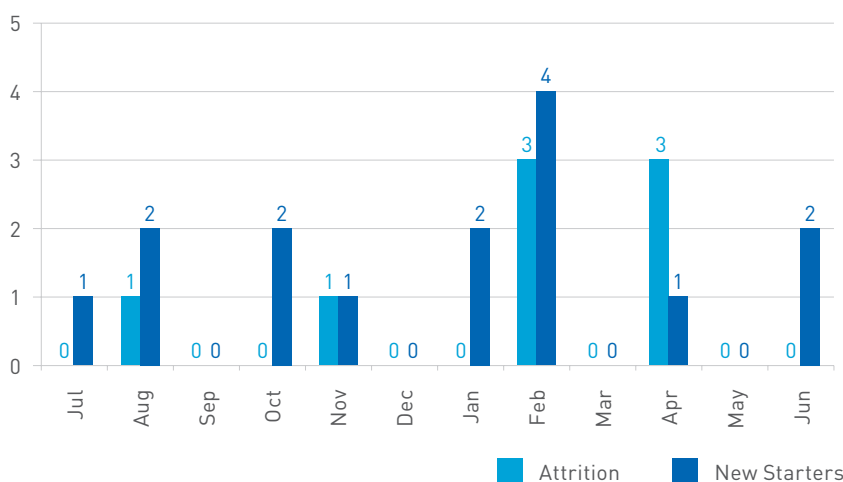
'I love how open they are to giving you an opportunity. If you are willing to give part of yourself to make it happen, Sye and the organisation are willing to take a chance on you.'

I love how open
they are to
giving you an
opportunity.

ABORIGINAL AND TORRES STRAIT ISLANDER STAFF PER ROLE AS AT 30/6/18

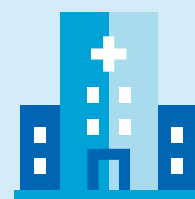


ABORIGINAL AND TORRES STRAIT ISLANDER RECRUITMENT AND ATTRITION 2017-18



39

ABORIGINAL AND TORRES STRAIT
ISLANDER STAFF MEMBERS



0.64%

OF WORKFORCE



1.2%

TARGET OF 1.2% OF STAFF TO BE
ABORIGINAL AND/OR TORRES
STRAIT ISLANDER BY 2019

Our **DIVERSE COMMUNITY**

At St Vincent's, our patient population is diverse. Approximately 46% come from a culturally and linguistically diverse (CaLD) background, roughly 20% require an interpreter, and 33 faiths are practised.

It is well recognised that the CaLD 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.



Cultural Responsiveness Plan Outcomes

	Target	Action	Result
Standard 1	A whole of organisation approach to cultural responsiveness is demonstrated	Policy review and development of Cultural Responsiveness Plan Employment of a cultural diversity program coordinator	Updated Language Services Guideline and Cultural Responsiveness Guideline CRP 2019-22 currently being developed Comprehensive cultural diversity program consisting of training modules, resources and event coordination
Standard 2	Leadership for cultural responsiveness is demonstrated by the health service	Executive staff member endorses Cultural Diversity Committee projects and policies	Policies were reviewed and endorsed by the Executive Director of Mission
Standard 3	Accredited interpreters are provided to patients who require one	Audit of interpreter services Improving translations and patient health information	70 – 75% of the language needs of CaLD patients in the Specialist Outpatient clinics are met. Health literacy project
Standard 4	Inclusive practise in care planning is demonstrated including but not limited to dietary, spiritual, family, attitudinal, and other cultural practices	Census data and statistical collection on CaLD communities Annual events to raise awareness about cross-cultural practises Bi-annual CaLD survey Development of a language app	Census data is included in all workshops, presentations and online training Cultural Diversity Week and Refugee Week events A CaLD survey was conducted in 2017 Launch of language app
Standard 5	CALD consumer, carer and community members are involved in the planning, improvement and review programs and services on an ongoing basis.	Community Advisory Committee and the Cultural Diversity Committee are linked	Input through exchange of minutes between CDC and CAC
Standard 6	Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness	Comprehensive training program (face-to-face and online)	67 workshops 17 topics More than 1,000 trained (face-to-face)

A statistical comparison: 2007-08 vs 2017-18

TOP 10 COUNTRIES OF BIRTH OF OUR PATIENTS

2007-08		2017-18		
Italy	4,745	Italy	4,432	7% ▼
Greece	3,948	Greece	3,121	21% ▼
England	1,557	Vietnam	2,758	98% ▲
Vietnam	1,391	England	1,706	10% ▲
Lebanon	1,263	China	1,183	83% ▲
New Zealand	851	India	1,086	83% ▲
China	648	New Zealand	1,077	27% ▲
India	592	Lebanon	825	35% ▼
Egypt	585	Philippines	757	126% ▲
Germany	564	Egypt	700	20% ▲

- + Decrease in our Italian, Greek and Lebanese patient population
- + Increase in our Filipino, Vietnamese, Chinese and Indian patient population
- + Patients born overseas remains steady at 46%, well above the national average of 28.4%

TOP 10 LANGUAGES OTHER THAN ENGLISH SPOKEN BY OUR PATIENTS

2007-08		2017-18		
Greek	2,809	Greek	1,903	32% ▼
Italian	2,343	Vietnamese	1,818	67% ▲
Vietnamese	1,086	Italian	1,386	41% ▼
Arabic	972	Arabic	886	9% ▼
Cantonese	393	Cantonese	817	108% ▲
Mandarin	308	Mandarin	520	69% ▲
Turkish	270	Hakka	267	44% ▲
Spanish	195	Hindi	201	593% ▲
Hakka	185	Turkish	189	30% ▼
Croatian	166	Lao	161	5267% ▲

- + Decrease in the number of Italian, Greek, Turkish and Arabic speaking patients
- + Increase in Lao, Hindi, Cantonese, Vietnamese and Mandarin
- + Patients who prefer to speak a language other than English has dropped to 15%, compared to 18% ten years ago

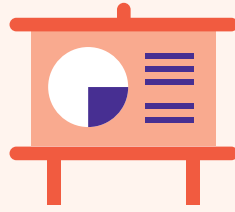
TOP 10 FAITHS PRACTISED BY OUR PATIENTS

2007-08		2017-18		
Catholic	17,933	None	22,604	94% ▲
None	11,638	Catholic	18,531	3% ▲
Greek Orthodox	4,570	Greek Orthodox	3,767	18% ▼
Anglican	4,468	Christian	3,583	40% ▲
Christian	2,559	Anglican	2,638	41% ▼
Church Of England	1,777	Muslim	2,254	36% ▲
Muslim	1,657	Buddhist	2,227	78% ▲
Uniting Church	1,365	Church Of England	1,628	8% ▼
Buddhist	1,251	Orthodox (Other)	1,428	108% ▲
Presbyterian	984	Uniting Church	1,014	26% ▼

- + There has been a significant increase in our Hindu, Orthodox, Buddhist, Christian and Muslim patient population
- + There has been a significant decrease in Anglican, Greek Orthodox and Uniting Church patients
- + Patients with no faith has increased to 34%, slightly higher than the national average of 30%

Professional development

for staff in culturally responsive care



67

CULTURAL DIVERSITY WORKSHOPS,
PRESENTATIONS AND EVENTS



17

TOPICS



1,000 staff

REACHING OVER
1,000 STAFF



500

NEW STAFF MEMBERS RECEIVED
INTRODUCTORY INFORMATION ON
CULTURALLY RESPONSIVE CARE



4,414

STAFF COMPLETED THE ONLINE
CULTURALLY RESPONSIVE CARE
TRAINING BETWEEN 2015-17

Cultural Diversity Week 2018

Cultural Diversity Week in March is a time of renewal, collaboration, compassion, celebration of difference and understanding.

This year the musical performance by Andean group "Inka Marka" and Jamaican group "Irie" in particular were a real highlight. Staff, patients and visitors enjoyed plenty of events and activities, from the fun (an online cultural diversity quiz), to the reflective (cultural diversity workshop on intercultural conflict resolution management).





70+

LANGUAGES

Now we're talking – app developed at St Vincent's wins award

A smartphone app developed right here at St Vincent's that makes communication easier between our staff and patients from a non-English speaking background has won a Catholic Health Australia "Digital Innovation in Health" Award.

'Talk to Me' provides brief, one-directional, low-risk information, with over 30 topics with 420 phrases translated from Greek, Italian, Vietnamese, Cantonese, Mandarin and Arabic. Funded by the Catalyst project and donations, it was developed in collaboration with health professionals, medical interpreters and allied health experts.

Cultural Diversity Program Coordinator and program manager of the project, Monita Mascitti-Meuter says the language app makes a difference in moments between the points of critical care.

'20 per cent of our patients require an interpreter,' says Monita. 'Talk to Me' does not replace the need for an interpreter but addresses the gaps where patients in fulltime care could benefit from knowing about their routine care.'

In this setting, and for quick communication, clinicians may resort to the use of Google translate to bridge the gap rather than contact an interpreter. However, these translation tools pose serious risks as they only are about 60% accurate.

'For instance, researchers on the accuracy of Google translate found that in Polish, "your husband has the opportunity to donate his organs" translates to "your husband can donate his tools",' Monita says.

'Talk to Me' avoids these translation errors as the phrases and closed questions are pre-selected to ensure they pose no risk in a healthcare setting. Translations and voice overs have also been completed by certified medical interpreters and translators.

With audio and large easy to read script, 'Talk to Me' can assist staff in safely providing culturally responsive routine care to patients and residents of non-English speaking backgrounds, reducing anxiety, stress and communication misunderstandings.

Interpreter audits

St Vincent's has a long history of providing professional interpreter services to CaLD patients so they can communicate with their doctor about their health issues.

We continue to work on improving interpreter access for inpatients by ensuring all doctors and nurses know at which points of care it is essential to discuss health information with an interpreter who speaks the patient's language. This might be when a patient needs to understand which treatment they require or give their consent to an operation. It is also particularly important when a patient is about to go home from hospital and needs to have specific information about how to look after themselves and take their medications to stay well.

While the range of interpreter languages increases with new overseas migration to Victoria, the languages most requested by our patients also changes over time. Greek, Mandarin and Vietnamese have become the highest demand languages.

TOP 10 INTERPRETER LANGUAGES REQUESTED

Greek	Mandarin
Vietnamese	Italian
Cantonese	Arabic
Turkish	Croatian
Spanish	Macedonian

We meet on average 75% of interpreter requests

Spotlight: Focus on Spanish patient – Mr Vilar Perez

St Vincent's has a long history of caring for Spanish speaking patients. Head of Interpreter Services Karella de Jongh has worked as a health interpreter in Spanish for over 30 years and has seen how the Spanish speaking patient population has changed at St Vincent's.

'The immigration of the Spanish speaking communities to Melbourne began in the 1950's, with many migrants settling in Fitzroy and Collingwood,' Karella says. 'These days the majority of these Spanish migrants from Spain are in their sixties and St Vincent's is their preferred hospital.'

'A second wave of Spanish speaking migrants came from Latin America in the 1970's in response to political oppression and civil war in countries including Chile, El Salvador, Argentina and Uruguay. A third wave started arriving after the 1980's, also in response to violence and political instability, increasingly from Colombia.'

St Vincent's patient Mr Vilar-Perez is from Galicia, in the northwest of Spain, a beautiful and rugged area of Spain on the Atlantic coast.

Mr Vilar-Perez was referred to the Deaf and Hard of Hearing program and Interpreter Services so he could communicate with his doctors and treating staff while in hospital. He used a personal amplifier when speaking through a Spanish interpreter:

'I'm not a person who likes to speak a lot, you know, something like this is very useful,' Mr Vilar-Perez says. 'When you try it and you see what it's like, it's fantastic!'

'It's not just that I can speak Spanish but also that I can communicate with other people. I can actually talk with my grandchildren when they come in to see me.'

TOP 5 SPANISH SPEAKING COUNTRIES OF BIRTH AT ST VINCENTS

Chile

Spain

Colombia

El Salvador

Argentina

“

'I'm not a person who likes to speak a lot, you know, something like this is very useful. When you try it and you see what it's like, it's fantastic!'

— Mr Vilar-Perez

”



From left Sue, Mr Vilar-Perez and Karella deJongh.

Our MENTAL HEALTH SERVICES

St Vincent's has a long and outstanding commitment to providing excellent care for consumers suffering from mental illness, providing 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.

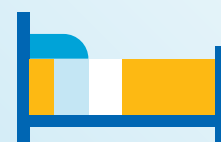
The Acute Inpatient Service (AIS) is a 44 bed inpatient unit providing short term inpatient treatment to people during the acute phase of mental illness, including a six bed Extra Care Unit (ECU) for people with more intensive care needs. Normanby House is a 20 bed Aged Mental Health inpatient unit on the St Georges campus.

Adult inpatients*	Target	2016-17 actuals	2017-18 actuals
Seclusion rate	Less than 15	15.2	9.8
Physical restraint	Locally set target of less than 10	21.1	16.65
Mechanical restraint	Locally set target of less than 3	6.2	1.25

*average monthly rate per 1,000 bed days

Aged Psychiatry inpatients*	Target	2016-17 actuals	2017-18 actuals
Seclusion rate	Locally set target of less than 1	4.3	2.25
Physical restraint	Locally set target of less than 1	5.9	3.0
Mechanical restraint	Locally set target of less than 1	0.4	0.0

*average monthly rate per 1,000 bed days



44

BEDS IN THE AIS INPATIENT
UNIT, WITH 6 EXTRA
BEDS FOR ECU





Reducing restrictive interventions

There are a number of measures in place to reduce use of restrictive interventions, including seclusion and restraint.

Consumers are screened on admission to identify risks for aggression or previous history of aggression. A plan is made with the person to reduce the risks. Any clinical issues which may lead to aggression are managed, including ensuring people are reassured and understand what is happening, and making sure people are treated if they are at risk of withdrawing from drugs or alcohol.

Staff are trained in de-escalation of violence and aggression and how to manage challenging situations. This is re-enforced by the education team and senior staff. Where seclusion or restraint are used (as a last resort), the consumer is reviewed quickly by the treating team and plans are made to cease the event as soon as possible.

Consumers are provided with support by the treating team during a restrictive intervention so they know what is happening. After any event,

follow up support is also provided by staff. Consumers have an opportunity to ask questions and discuss how they feel about the event.

Restrictive interventions is an established agenda item during clinical review meetings, Mental Health Quality and Risk Committee, and is discussed daily at the Daily Management System Tier 1 meeting,

All restrictive interventions are reviewed at a weekly meeting of the Nurse Unit Managers, Inpatient Clinical Director and practice development staff. This enables planning in relation to particular consumers at high risk of being subject to a restrictive intervention, as well as the identification of any systems or practice issues.

Consumers are actively supported to identify treatment directions using advanced statements and a Joint Wellness Plan (recovery goals). Restrictive interventions are now recorded in the medical record on the Goals of Admission e-form which means community case managers now have been access to information when a consumer is secluded or restrained and can provide appropriate support in the community.

Pre Code Grey

Senior nursing and medical staff attend any event to support decision making when challenging behaviour arises. This is a preventative measure to avoid restrictive interventions where possible. The team meet weekly to review incidents and documentation of restrictive interventions.

Productive Wards

The AIS has introduced a program called Productive Wards. This evidence-based model from the UK gives staff the tools to organise their shift in a better way to free up more time for direct clinical contact.

Safewards

Safewards is evidence-based practice model to reduce conflict and restrictive interventions in adult and aged inpatient services. The model draws attention to 'flashpoints', moments of opportunity for mental health nurses 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 across AIS 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 is also used in the Aged Mental Health inpatient service.

Group Programs

Mental Health offers approximately 30 group activities each week, with review and generation of new ideas occurring at weekly consumer meetings. Based on consumer feedback, funding was sourced to extend the group program to cover weekends, a time that consumers identified as being boring and lonely. 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.

Peer support

Peer Support is available for consumers in all areas of the adult inpatient unit. Peer workers have a lived experience of mental health treatment and can provide support for people while they are in hospital.



Paul Pollard,
peer facilitator

Peer support group helps recovery

As a consumer of St Vincent's Mental Health services, former teacher Paul Pollard has been an inpatient on the Mental Health ward many times. He even believes that the staff there have saved his life at least twice last year.

During this time he has been able to rebuild his self-worth and confidence. But out in the 'real world', the thing that inspires him is supporting peers who are going through something similar.

12 months year ago Paul was asked to be a peer facilitator in the St Vincent's Voice Hearers group, a role which has provided him with a purpose, and helped his recovery immensely.

'No matter how dark a place my mind is, the people in that group understand,' Paul says. 'These people have been on the ward the same time as me so they trust me and they keep coming back. They know I understand what it is like to have challenges of voices and hallucinations. That trust is very hard to build. I think that's why the group has become very self-sustaining.'

Paul believes that the group provides him the opportunity to give something back.

'I had been off the ward for less than two months when they asked me to be a peer facilitator and I was very nervous,' Paul says. 'But slowly that responsibility helped my mental health enormously.'

'In the end it kept me from going back to the ward. I get so much more back in self-confidence, self-worth, and feeling that there are people I can talk to who know what it's like and that makes a huge difference.'

“

I get so much more back in self-confidence, self-worth, and feeling that there are people I can talk to who know what it's like and that makes a huge difference.

— Paul Pollard

”



Enhancing Mental Health clinicians to spot family violence

Women who suffer from a disability, such as severe mental health challenges, are twice as likely to suffer from family violence. It is important that staff are trained to recognise and respond to family violence in public mental health services.

Social Work in Mental Health have developed a staff training package and prompt cards for ready reference by clinicians. The team provided family violence education sessions in each area in Mental Health—including inpatient, community and residential—educating the service about evidence-based family violence knowledge and how to identify and respond.

Senior Social Worker Meg De Melo says research revealed that many clinicians were unaware that the concept of family violence was much broader than just physical violence.

‘Developing this training package and introducing the prompt cards has enabled social workers to raise awareness and build clinician confidence in identifying family violence and taking appropriate steps.’

‘Asking appropriate questions, being a compassionate ally, and knowing what services are available and how to access them, are really useful skills for mental health clinicians,’ says Meg De Melo.

So far, more than 100 staff have received the training. Evaluation has shown that awareness and skills in responding to family violence have improved, which could provide positive outcomes for consumers who have been subjected to family violence.

The prompt cards are produced by Victorian Alcohol and Drug Association (VAADA supported by the Australian Department of Health, and the content developed by St Vincent’s Mental Health is now being used to up-skill clinicians and community workers state-wide.

‘It was excellent to partner with VAADA, as they have a history of producing evidence-based and practice-relevant prompt card resources,’ says Dr Melissa Petrakis, Senior Research Fellow in Mental Health.



SVHM CEO Angela Nolan, Emmy-Lou Hamley and Fran Timmons at the launch of the Safe Haven café.



**THE SAFE HAVEN CAFÉ IS OPEN
FRIDAY 6-8PM, AND 2-8PM
SATURDAY AND SUNDAY**

A Safe Haven Café opens in Fitzroy

Every day dozens of people present to St Vincent's Emergency Department (ED) experiencing mental health issues. These people may also be homeless, isolated, and lacking established support networks.

Designed by consumers, for consumers, the Safe Haven Café offers a compassionate alternative to attending the ED. Located in our Art Gallery, it offers respite in a warm, caring and respectful environment with an emphasis on peer support to empower people looking for assistance, but not needing acute care.

'Navigating the mental health system in times of crisis is a real challenge for consumers and their loved-ones. People often don't know where to go, and can end up in the wrong places,' says Jenelle Linton, General Manager Mental Health.

'Funded by Better Care Victoria, the Safe Haven Café is an investment in an alternative means of supporting people with mental health issues, and empowering them to have more control over their wellbeing.'

Along with tea and coffee, the Safe Haven Café has peer support workers and volunteers with a lived experience of mental health issues, who work alongside mental health professionals to provide a safe, therapeutic space for people needing it.

'The Safe Haven Café doesn't replace clinical mental health interventions, but enables people to explore what options may be available to support them, and identify relevant local services,' Ms Nolan says.

'It will ensure that consumers do not end up in the Emergency Department unnecessarily and encourage them to develop self-management skills to help maintain their mental health on an ongoing basis.'

The Safe Haven Café is modelled on a successful service operating in Hampshire, U.K. since 2014. It has been shown to reduce social isolation for vulnerable people and to help them to maintain their mental health on an ongoing basis.

The Safe Haven Café is open Friday 6-8pm, and 2-8pm Saturday and Sunday.

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 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 an infection typically acquired in hospital. The rate of SAB infection for 2017-18 was 0.7 per 10,000 bed days, which is lower than the target of 1 per 10,000 bed days, and in line with the state average of 0.7 per 10,000 bed days

Central Line Associated Blood Stream Infections

Central line-associated blood stream infections (CLABSI) can occur when a central line – used to give fluids and medications – is inserted into a major vein. The rate of CLABSI in our Intensive Care Unit (ICU) increased in 2017-18 to 2.26 per 1,000 device days. This is significantly higher than the state average of 0.7 per 1,000 central line days.

Infection Control has begun improvement work to decrease CLABSI in ICU through:

- + A focus on hand hygiene and how we administer medications
- + Improved documentation of insertion
- + Review of necessity of the line





At the completion of
the flu campaign:



80.26%
OF STAFF RESPONDED

4,300+
PEOPLE VACCINATED

809
STAFF REPORTED
VACCINATION ELSEWHERE

743
STAFF DECLINED

Controlling infection through hand hygiene

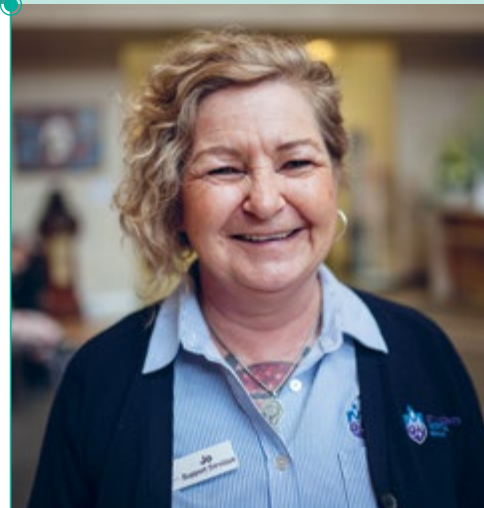
Hand hygiene is a term that describes hand washing using soap and water, and cleaning hands with alcohol-based hand sanitisers. Hand hygiene is the most effective way to stop germs from spreading. Hand hygiene compliance refers to how often and in what situations staff should wash their hands.

The DHHS has set the minimum compliance rate for health care workers at 80%. St Vincent's measures hand hygiene compliance three times a year. With an overall compliance rate of 80.6% for 2017-18, we are meeting the Victorian standard.

Influenza Vaccination

Every year in Australia there are almost 100,000 recorded cases of influenza. High immunisation rates for healthcare workers are essential to reduce transmission of influenza in healthcare settings.

The DHHS set a target of 80% of healthcare workers to be vaccinated. St Vincent's conducted a vaccination campaign which saw 4,300 vaccinations provided to staff, volunteers and students.





Public SECTOR RESIDENTIAL AGED CARE

St Vincent's has three residential aged care homes which participate in the Department of Health and Human Service's Public Sector Residential Aged Care Services (PSRACS) Quality Indicator Program.

The PSRACS Quality Indicator Program compares the performance of each of our residential aged care homes – Auburn House, Cambridge House and Riverside House – against other Victorian Public Sector homes and provides quarterly feedback on quality and safety performance to management, staff, residents and their representatives.

The PSRACS Quality Indicators reflect key areas of clinical risk in residential aged care:

1. Pressure injuries Stage 1
2. Pressure injuries Stage 2
3. Pressure injuries Stage 3
4. Pressure injuries Stage 4
5. Falls
6. Fall related fractures
7. Suspected Deep Tissue Injury
8. Unstageable Pressure injury
9. Intent to restrain
10. Physical restraint devices
11. 9 or more medicines
12. Significant weight loss (>3 kgs)
13. Unplanned weight loss (consecutive)

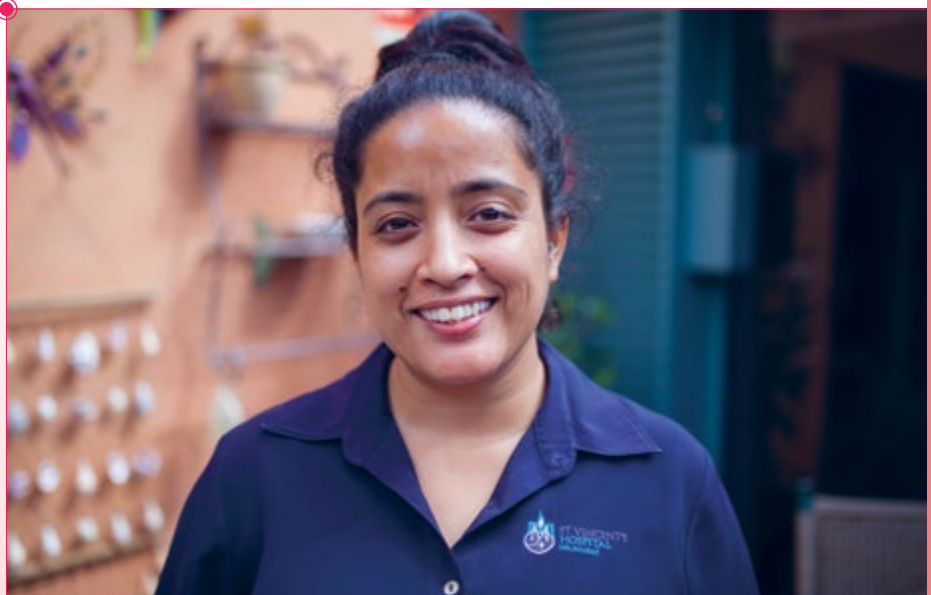
OVERVIEW

- + Falls prevention strategies mirror strategies in place across all clinical areas of St Vincent's.
- + Pressure injury prevention strategies include screening, daily monitoring and use of pressure relieving equipment and reflect the processes in place across all clinical areas of St Vincent's.
- + Action in response to significant weight loss is monitored and supported by St Vincent's Speech Pathology and Dietitian services. Standard interventions include modified diets, dietary supplements and support with feeding.
- + All restraint practices comply with St Vincent's policies and procedures of using least restrictive interventions, being safety focused and are oversighted by a medical officer.
- + Countermeasures to reduce polypharmacy (nine or more medicines) are in place and monitored on a monthly basis. This includes support to GPs who provide medical services to residential aged care homes to regularly review prescribed medication.

Legend

- 😊 Within thresholds set by DHHS, equal or better performance compared to other services
- 😐 Outside thresholds set by DHHS, equal in performance compared to other services
- 😞 Outside the thresholds set by DHHS, poorer performance compared to other services

Aged Care performance 2017-18	Q1 Jul-Sep	Q2 Oct-Dec	Q3 Jan-Mar	Q4 Apr-Jun
Stage 1 pressure injury	😊	😊	😊	😊
Stage 2 pressure injury	😊	😊	😊	😊
Stage 3 pressure injury	😊	😊	😊	😊
Stage 4 pressure injury	😊	😊	😊	😊
Falls	😊	😊	😊	😊
Fall related fractures	😊	😐	😊	😊
Suspected deep tissue pressure injury	😊	😊	😊	😊
Unstageable pressure injury	😊	😊	😊	😞
Intent to restrain	😞	😞	😐	😐
Use of physical restraint devices	😞	😐	😐	😊
9 or more medications	😞	😞	😐	😐
Significant weight loss (>3 kilos)	😊	😊	😊	😊
Unplanned weight loss (consecutive)	😊	😞	😊	😊



Adverse EVENTS

In 2017 a multi-tiered incident investigation framework was put in place to ensure thorough follow up of adverse events.

In July 2018, the Quality & Risk Department together with the Health Safety & Wellbeing team launched some key improvements to the incident investigation framework. The Person Injury Time Out (PIT) Stop process was expanded to include all incidents of patient harm and significant near misses and all staff related injuries and serious near misses.

Other key improvements over the past 12 months include:

- + Conducting a PIT Stop huddle before the end of the shift, ensuring all key staff are in attendance, allowing preventative measures to be put in place sooner
- + Ensuring patients and their families are appropriately informed following an adverse event
- + Improved consultation between managers and key staff who can enable change
- + Implementation of a new template for serious adverse events, in line with Safer Care Victoria
- + Monitoring of a greater number of incident investigations weekly at the Executive Performance Board meetings.



A Person Injury Time Out (PIT) Stop involves a timely assessment by a multidisciplinary team of the serious incident or serious near miss to identify 'what, where and why' the adverse event occurred, and what measures are required to reduce the likelihood of that adverse event occurring again.

Sentinel Events

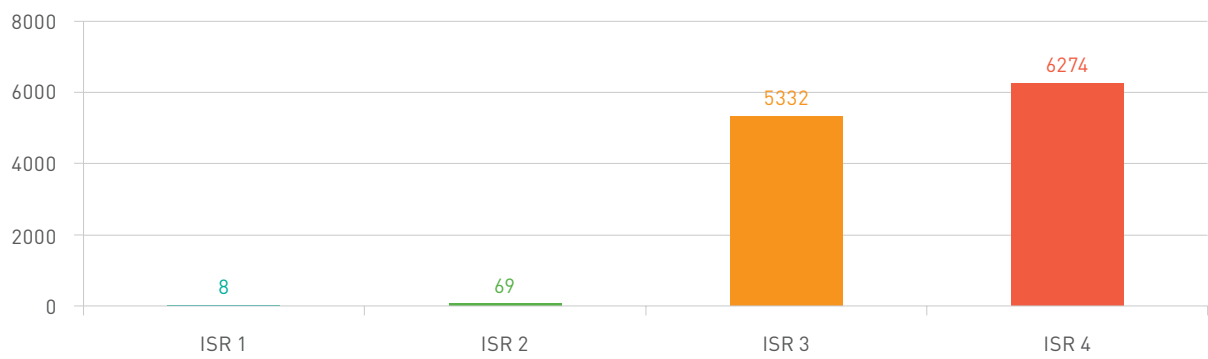
Sentinel events are unexpected events that result in death or serious harm to a patient while in hospital as a result of systems and process shortfalls. There are nine sentinel event categories in Victoria. If an incident occurs that meets a definition below, the health service must report the event to Safer Care Victoria.

The categories are:

1. Procedures involving the wrong patient or body part resulting in death or major permanent loss of function
2. Suicide in an inpatient unit
3. Retained instruments or other material after surgery requiring re-operation or further surgical procedure
4. Intravascular gas embolism resulting in death or neurological damage
5. Haemolytic blood transfusion reaction resulting from ABO blood group incompatibility
6. Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
7. Maternal death associated with pregnancy, birth and the puerperium
8. Infant discharged to the wrong family
9. Other catastrophic incident

- **9 SENTINEL EVENTS**
- **1 RETAINED MATERIAL CATEGORY**
- **8 OTHER CATASTROPHIC CATEGORY**
 - **4 COMMUNITY PATIENTS OR INPATIENTS WHO WERE ON LEAVE AND COMPLETED SUICIDE**
 - **3 PATIENTS FELL WITH SERIOUS CONSEQUENCES**
 - **1 RESIDENT CHOKED ON THEIR MEAL**

Clinical Incidents 2017-2018



As part of the incident investigation process, many improvement activities have been put in place to prevent the recurrence of sentinel events:

Implementation of formalised falls risk assessments for patients in the Intensive Care and High Dependency Units including staff training and development of an SMS alert

Review of policies, guidelines and orientation manuals to include more detailed information

Programming of all phones in the Psychiatric Triage Office to enable traceability of phone calls, with the function clearly marked on the phone to visually remind staff

Implementation of an Induction Checklist to ensure new staff receive orientation to all critical team processes

Development of visual aids to direct staff who are responsible for cutting up meals for vulnerable residents, to limit portion sizes to 1.5 x 1.5 cm

Implementation of new equipment with additional safety properties for inserting drain tubes

Development of a formalised process to assist staff to evaluate risk vs benefit prior to granting leave to inpatients in an aged inpatient psychiatric facility

Submission to the DHHS for funding for a Behaviour Assessment Unit in the Emergency Department

Review of clinical risk assessment tools, with an increased focus on patient engagement

Trial of a new Falls Risk Assessment Tool which incorporates human factor principles and a new section to prompt staff to consider the effects of certain medications on falls risk

Development of a Shoe Bank to ensure all patients have the opportunity to access appropriate footwear



Advance **CARE PLANNING**

One family's experience of Advance Care Planning

My family has always been close, my Mum and Dad, myself and my two sisters. Together we supported Mum over the years as she battled several health conditions, and we admired her strength, resilience and positivity. More recently, it was chronic lung disease that was causing the most trouble for Mum. She was experiencing frequent infections, and often this caused her to be delirious. During these times we were asked by her treating health professionals if she had any wishes for her medical treatment. While we thought we knew what Mum wanted, we were not 100% sure.

We encouraged Mum to complete an Advance Care Directive (ACD). This was not an easy conversation to initiate with Mum, but we were given strength in knowing that her wishes would be clearly

documented. We soon realised that it was one of the most important discussions to have, and it was one of the best things we did with Mum as a family in those last few months. The experience bonded us further as a family, and assisted us to face the reality of what was eventuating. I think Mum was relieved to know her wishes were clear and that they would guide us when she was not capable of expressing her choices. Mum would have felt happy knowing that she was making it easier for us.

Mum's last admission to hospital with pneumonia was really distressing for us all. It was hard to accept that this time she was not improving. As difficult as this time was for us as a family, the fact that Mum had already completed an ACD somehow made it a little easier. We knew what Mum wanted in terms of medical treatment, and so we could focus on being in the moment with her, which was the most precious time for us. There was something comforting about Mum's ACD – it was her wishes, in her handwriting, guiding us through those difficult days.

Sacha

Advance Care Planning (ACP) is a process of planning for your future health. This ensures those close to you and your healthcare team know what is important to you. It also lets them know how you want to be treated if you become unable to make decisions yourself.

Making decisions for someone else can be difficult and distressing. ACP can help people close to you and those caring for you know what is important to you. It lets you be part of your future health decision making while you are still able.

Talking about and writing down your preferences for future health care will help those caring for you feel more comfortable about the decisions they may have to make on your behalf.

In March 2018, the Victorian law on ACP changed. The new law provides a framework and more support for ACP. If you made an Advance Care Plan prior to 12th March 2018, this will be considered by your Medical Treatment Decision Maker as a statement of your values and preferences.

Our approach to ACP is in line with DHHS strategy whereby it is everyone's responsibility. The new legislation makes all APHRA registered clinicians accountable to make reasonable efforts to find out if patients have an Advance Care Directive (ACD).

The ACP approach we have adopted is:

- A** Appoint a medical treatment decision maker
- C** Chat and communicate
- P** Put it on paper

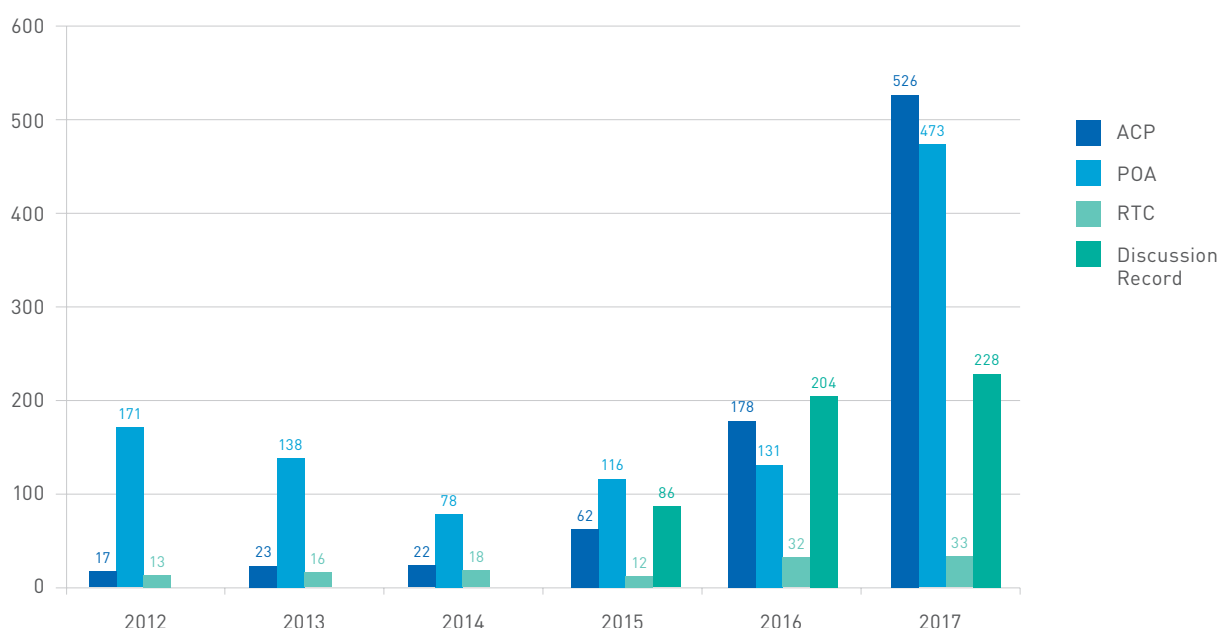
There has been a significant increase of documented Advance Care Plans/Directives (ACPs) in Medical Records Online (MRO) since the introduction of ACP in 2014.

We acknowledge that developing one's ACP can take time and involve multiple conversations, so the ACP discussion record was developed, which is an e-blog style form located in the legal tab of MRO. This allows patients a 'one-stop shop' to have their values recorded. This record of conversations and progression of conversations is a vital component.

WHAT ARE WE DOING TO INCREASE AWARENESS:

- + We partnered with Primary Health Care Network to deliver education to the primary health sector on the new ACP laws
- + We participated in a mentor program, organised by DHHS to mentor five clinicians over a 16 week period to upskill these clinicians and provide them with necessary skills to be champions in their area
- + Provided one day Level 1 and Level 2 ACP workshops to staff to improve their knowledge and skills in ACP
- + Produced a video for staff explaining the differences between Advance Care Plans and Resuscitation Plans
- + 50+ education sessions provided to staff on the new *Medical Treatment Planning and Decisions Act*.
- + We were one of nine Australian hospitals to participate in a national research study on end of life care in acute care hospitals.
- + The ACP program continues to develop resources for staff and patients, with all resources recently being reviewed earlier this year with the introduction of the *Medical Treatment Planning and Decisions Act 2016*.

Number of Documents by Year



End OF LIFE CARE



We have taken a number of actions to incorporate the Australian Commission for Safety and Quality in Health Care's (ACSQHC) National consensus statement: Essential elements for safe and high-quality end of life care.

The definitions and elements of the consensus statement have been incorporated into our End of Life care policy document which includes an end of life framework which aligns with the ACSQHC document. These documents are also available on our 'end of life care' intranet page for clinicians.

We have collaborated with the ACSQHC in becoming one of nine hospitals across Australia to undertake a broad ranging audit of end of life care in our acute hospital. Local results from this audit have been analysed, published and presented, and will drive improvements and change in end of life care at St Vincent's.

Our current workplan includes:

- + Completing and evaluating the implementation of the Care Plan for the Dying Person – Victoria (CPDP-Vic) throughout the health service to ensure consistent and high-quality care for all who die
- + Exploring barriers and enablers to recognising dying in our hospital
- + Undertaking a modified and more in-depth audit of all dying by designated unit of care to better understand variations and provide locally useful data.

We have also taken action in response 'Priority 2: Engaging communities, embracing diversity' from *Victoria's end of life and palliative care framework: A guide for high-quality end of life care for all Victorians*

Our workplan is inclusive of all who die in our organisation. The materials for family and friends that accompany the CPDP-Vic are currently in English only. St Vincent's has been instrumental in overcoming this barrier to have them translated and contributing to project work around their cultural appropriateness. We plan to implement them in early 2019.



Escalation of Care

We understand that even with the best care, some patients may experience a deterioration in their condition. In this situation early detection and action by the clinical team is vital.

Our approach to responding to deterioration is a care partnership involving patients and their families as well as staff on the ward and the staff that make up the medical emergency team (MET). Together they provide complementary and overlapping systems of care that together ensure that deterioration is promptly detected and managed.

When a patient is first admitted to the ward we ask them to let us know if they feel they are getting worse or if they or their loved ones are worried about their condition. This is often the earliest indication that something is not right. Clinical staff then use the observation response chart to track vital signs like heart rate, blood pressure and breathing. This allows staff to detect changes as well as triggering review by the ward doctors or escalation to the MET if vital signs are outside the normal range.

As well as the triggering of escalation through observations there is always the option for the ward staff to call the MET if they or the patient is worried. The MET brings nurses and doctors who are experienced in managing the sickest patients to rapidly assess and manage patients who have deteriorated, preventing more serious changes in health.

This system meant that when Javed got short of breath after his operation and he let the nurses know that he was not feeling well, he got the right care at the right time.

His nursing team observed the changes in his vital signs and triggered a MET call whilst they started treatment to relieve his breathlessness. The MET team stabilised Javed but recognised he needed closer monitoring and moved him to the Intensive Care Unit where he made a full recovery over the next 24 hours.

Listening to Javed's concerns, tracking vital signs and escalating to the MET team meant that Javed got the right care by the right people when he needed it.

Staff EXPERIENCE

Serious about Safety

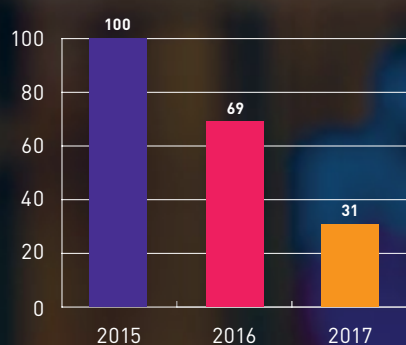
St Vincent's has a great story to tell about staff safety. We have been on a deliberate safety campaign, determined to reduce the number of staff being injured at work.

Identifying the link between better outcomes for patients by keeping our staff safe, we commenced a program to change our safety culture. Our objective was to change the accountability and responsibility for safety across the organisation to reduce the number of staff injuries. Three years on, the program has been a great success. Staff are more engaged in safety, reporting has increased and serious injuries have decreased.

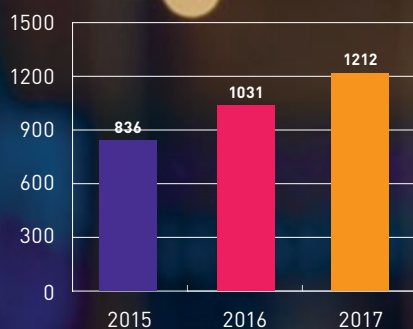
ACTION

- + Creation of monthly Executive Safety Council
- + Two day safety leadership workshops for 150 Senior managers
- + Commencement of reporting campaign
- + Managers built safety into daily communication with staff
- + OHS Committees reviewed their role in guiding safety
- + Workplace safety inspections increased to quarterly
- + Introduction of a hazard reporting smartphone app
- + Trending and analysis of data

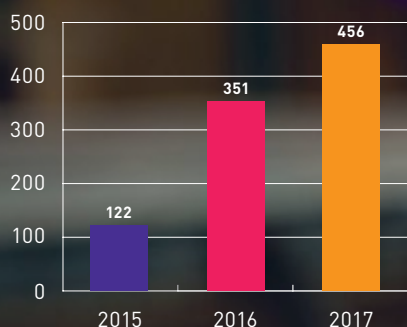
Staff Lost Time Injuries (LTIs)



Incidents Reported



Hazards Reported

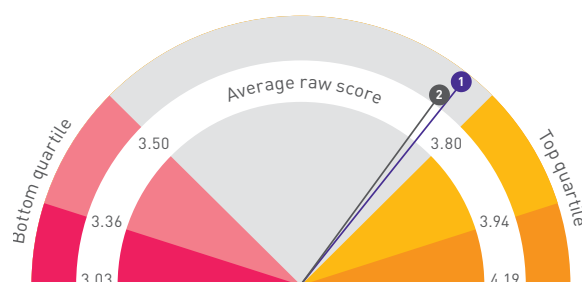


Improving patient safety culture

St Vincent's undertakes a Patient Safety Culture survey every two years. The most recent survey was conducted in March 2018 and was open to all staff. 1,712 responses were recorded – a response rate of 30%. Staff were surveyed across 35 core questions which make up six domains of safety culture:

- + Safety climate (most correlated to patient and staff safety)
- + Job Satisfaction
- + Stress recognition
- + Teamwork conditions
- + Working conditions
- + Perceptions of Management

The results of the 2018 survey have been compared to the previous survey results in the below graph. There has been a small improvement in the result in 2018 compared to 2015. There is not a target as such for this measure however the aim for this indicator would be to reach the top quartile.



Survey	Average raw score	% Favourable
March 2018	3.78	67%
September 2015	3.77	67%

ACTION

As a result of feedback received from the Patient Safety Culture Survey, the PIT STOP (Patient Injury Timeout Stop) process was extensively reviewed. This review, which involved key stakeholders, aimed to improve the timeliness and accuracy of the investigation. As a result of this review the Health Safety and Wellbeing (HSW) team joined the process to include staff and visitor incidents investigations.

As a result, the PIT STOP process is now called a Person (patient or staff) Injury Timeout Stop. This has had the impact of improving the quality of the staff injury investigations and the timeliness of all investigations.

Stephen Tippet,
Ethos Manager



- ✓ **280 ETHOS REPORTS RECEIVED**
- ✓ **ONE THIRD POSITIVE, TWO THIRDS NEGATIVE**
- ✓ **93 LINE MANAGER CONVERSATIONS HAVE BEEN DELIVERED TO INDIVIDUAL STAFF TO RECOGNISE EXCELLENCE AND VALUABLE CONTRIBUTIONS**
- ✓ **150 INFORMAL PEER 'REFLECT MESSAGES' HAVE BEEN DELIVERED, PROVIDING FEEDBACK ABOUT THE IMPACT OF SOMEONE'S BEHAVIOUR ON OTHERS**

Launch of the Ethos Program

At St Vincent's we are committed to a positive culture where all staff and patients feel welcome, valued, and safe. To help foster this culture we introduced the Ethos Program in July 2017.

The Ethos Program has been developed by SVHA to help build a culture of respect and safety in the workplace. The Ethos Program encourages a culture of speaking up and includes a feedback process for behaviour, both positive and negative.

The Ethos Program enables us to respond quickly and equitably to incidents that undermine patient and staff safety, as well as providing an avenue to acknowledge staff who demonstrate positive behaviour and are exceptional role models.

It aims to provide an informal early intervention around behaviour that is inconsistent with our values. It's based on research showing that people tend to be receptive to feedback from a colleague, and it's likely to lead to a change in behaviour.

CONTACT US

St Vincent's Hospital Melbourne

PO Box 2900
Fitzroy VIC 3065
Australia
(03) 9231 2211
www.svhm.org.au

St George's Health Service

283 Cotham Road
Kew VIC 3101
Tel: (03) 9816 0444
Fax: (03) 9817 5325

Caritas Christi Hospice

104 Studley Park Road
Kew VIC 3101
Tel: (03) 9853 2344
Fax: (03) 9853 1509

Prague House

253 Cotham Road
Kew VIC 3101
Tel: (03) 9816 0600
Fax: (03) 9816 0608



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.