



ST VINCENT'S  
HOSPITAL  
MELBOURNE



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*St Vincent's Cares.*  
**ALWAYS HAS.  
ALWAYS WILL.**

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QUALITY ACCOUNT  
2018-2019

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# Welcome

On behalf of St Vincent's Hospital Melbourne, I am delighted to present the Quality Account for 2019.

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

Over 125 years ago, the St Vincent's legacy commenced with the inspiring work 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 cancer patient at St Vincent's, I wanted to contribute to this legacy in a meaningful way, so five years ago I became a member of the Community Advisory Committee. I continue to relish the opportunity to give back to the hospital that has been so wonderful to me in my time of need.

The Community Advisory Committee plays an important role in shaping the future of consumer engagement and patient experience at St Vincent's. It advocates for patient centred care and helps to portray the patient journey of care through their eyes.

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

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

**Wendy Benson**

Chair

St Vincent's Community Advisory Committee

*"St Vincent's ensures that the voices of patients, carers and the community are heard by senior management"*



# 2018-19

## in numbers



5,000

MORE THAN 5,000 STAFF



781

BEDS



66,798

INPATIENTS



184,807

CLINIC APPOINTMENTS



51,919

EMERGENCY PRESENTATIONS



7,000

ELECTIVE SURGERY ADMISSIONS



850,000

MEALS SERVED



50

LANGUAGES SPOKEN BY OUR PATIENTS



770

RESEARCH PUBLICATIONS



262

VOLUNTEERS



\$180,000

PROVIDED THROUGH OUR GOOD SAMARITAN FUND

80.6%

HAND HYGIENE COMPLIANCE

125

YEARS OF CARING FOR THE POOR AND VULNERABLE

# About St Vincent's

Founded by the Sisters of Charity over 125 years ago, at a time when Fitzroy was one of poorest parts of Melbourne, St Vincent's Hospital Melbourne has been built on a foundation of caring for those in need. The Sisters instilled in our culture a Mission to care for the most vulnerable in the increasingly complex and challenging area of public health.

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

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

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

## Did you know?

IN 2019 ST VINCENT'S HOSPITAL MELBOURNE WAS NAMED ONE OF THE TOP 100 HOSPITALS IN THE WORLD BY NEWS OUTLET NEWSWEEK. THIS INTERNATIONAL RECOGNITION IS A CREDIT TO OUR EXCEPTIONAL STAFF.



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



## 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 VISION

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

# 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 hospitals' improvement process, with key staff giving updates at meetings and the Committee reporting back to the CEO and senior management.

*The Community Advisory Committee brings the hospital professionals and consumer representatives together. Its value is in open and honest discussion with a clear purpose to improve patient care.*

Adrian Murphy, Community Advisory Committee member

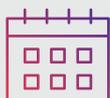


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CONSUMER AND COMMUNITY MEMBERS



STAFF PRESENT ON KEY QUALITY IMPROVEMENT ACTIVITIES AND GAIN VALUABLE FEEDBACK



MEETS BI-MONTHLY



EXECUTIVE MEMBERS ALSO ATTEND

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

### **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).

### **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 seven years in Local Government and her role entails providing services to frail aged and younger people with disabilities. Tina also has experience working in the community sector, having worked in mental health and with ethno-specific communities.

### **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.

### **Mr Jas Streten**

Jas began volunteering in the local community when he moved to Melbourne 15 years ago. Jas has experience in a range of senior management roles in the private sector covering sales, customer service and operations. Currently he is serving as General Manager of the Australian Patients Association. Jas is committed to and is an enthusiastic advocate for the delivery of quality services in the public health system (Resigned May 2019).

### **Ms Anne Speakman**

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

### **Ms Charmaine Weeks**

Charmaine is a consumer representative on the SVHM Partnering with Consumers PWG. 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 (Term of appointment expired September 2018).

### **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 combined science and communication background with cross sector experience in community consultation for service development. She has interest in physical activity and health and in capturing consumer 'voices' in service planning and delivery processes. She serves on a national advisory commission for coaching education and also contributes to community programs improving the physical health care of Victorians with a mental illness.

### **Ms Jenny Wilkins**

Jenny has a 30 year career as an independent consultant, working with key health sector staff to improve the delivery of health services. She has skills in clinical governance, strategy, risk, change management and consultation. She also has the ability to effect complex organisational change. Jenny has extensive governance experience through membership of Government Tribunal, Government Advisory Panel, Rural Health Board, Not for Profits and ethics committees. Jenny's recent consumer experience was as the carer for her seriously ill partner.

### **Mr Kevin Boyce**

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

### **Mr David Jones**

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

### **Miss Larissa Hall**

Larissa has a background in wealth management with team management and leadership responsibilities. 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 by consumers, carers and also staff within St Vincent's as well as operations and policy / planning development. (Resigned February 2019).

### **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.

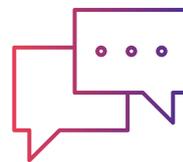
# The Value of Community Input

## ARE YOU INTERESTED IN PLAYING AN INTEGRAL ROLE IN SHAPING PATIENT EXPERIENCE?

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

The CAC plays an important role in shaping the future of consumer engagement and patient experience at St Vincent's. The CAC advocates for patient centred care and assists the health service by portraying the patient and carer journey of care through their eyes. Consumers also provide feedback on health information to ensure that it is appropriate in language, font and layout to help consumers understand their condition and treatment options.

If you know of a consumer or carer who might be interested in joining the CAC, please contact the CAC Resource Officer on **(03) 9231 1953**.



THE REPORT SHOULD COMMUNICATE QUALITY AND SAFETY INFORMATION IN A WAY THAT IS ACCESSIBLE AND EASY TO UNDERSTAND

## 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 the report should communicate quality and safety information in a way that is accessible and easy to understand, with less technical terms, shorter sentences and more images and infographics.

*'The report is technical in parts and needs further explanation. These concepts could be explained in lay terms.'*

*'The report demonstrates the huge efforts being made to capture patients' experience.'*

*'Any room on inside cover or back to have a multi-lingual message?'*

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](mailto:comms.melb@svha.org.au) or call **9231 4127**.



## 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 leader on a working group/ project steering group

Members of the Consumer Register participate as much or as little as they wish, depending on their circumstances. For more information, contact Mrs Denise Reynolds on **9231 1953**.

# Partnering in Healthcare



## A FRAMEWORK FOR BETTER CARE AND OUTCOMES

St Vincent's is committed to providing high quality and safe healthcare. Understanding how consumers experience their healthcare and taking action to improve this experience is a critical component of our clinical governance system.

We know better health outcomes happen when consumers, the people that support them and communities work together with health workers. Consumers play a vital role in helping us to avoid making the same mistakes repeatedly. Hindsight shows that in nearly every instance of avoidable harm, consumer letters, emails and phone calls have attempted to warn us about system failures that contributed to that harm.

In April 2019, Safer Care Victoria (SCV) introduced the 'Partnering in Healthcare – A Framework for Better Care and Outcomes'. This framework replaces the 'Doing it with us not for us: Strategic Direction 2010-2013 and the Cultural Responsiveness Framework: guidelines for Victorian health services.

The new framework consists of the following five domains:

### 1. Personalised and holistic

Individualised and connected care. Compassion and respect—*'I am respected and receive personalised care that treats and supports me as a whole person'*

### 2. Working together

Care is co-designed with patients, families and clinicians. Coordination and continuity of care—*'I am included as a respected partner in my healthcare and learning about and improving healthcare'*

### 3. Shared decision-making

Use of decision aids, decision support coaching. Increase use of patient reported outcome measures, patient reported experience measures—*'I am empowered with making informed decisions about my healthcare, and contributing to healthcare improvement'*

### 4. Equity and inclusion

Patient reported language services provision. Cultural safety, diversity of consumer participation—*'I receive care that is safe, effective and responsive to my needs'*

### 5. Effective Communication

Respectful communication, health literacy—*'I receive high-quality information that I can readily understand and act upon'*

## IMPROVING QUALITY AND SAFETY

St Vincent's has a contemporary approach to clinical governance and improvement which has evolved significantly over the past three years. This system is focused on improving all aspects of care and ensures appropriate systems and processes are in place to always deliver the right care, but more importantly the systems and our people are always looking to improve how this care is provided every day.

St Vincent's improvement systems focuses on devolving improvement activity to all staff. St Vincent's undertakes improvement activities which 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 through our improvement system on a daily basis. We also have organisation governance systems ensuring improvement opportunities 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.

# Improving quality and safety



*'Every one of our patients has an estimated discharge date that is routinely updated twice a day, or when their plan changes. This date is visible for patients, next of kin and staff, and can be seen within three seconds of walking on to the Ward.'*

Samantha Blade, Nurse Unit Manager 8E

## OUR 'IMPROVEMENT MOVEMENT'

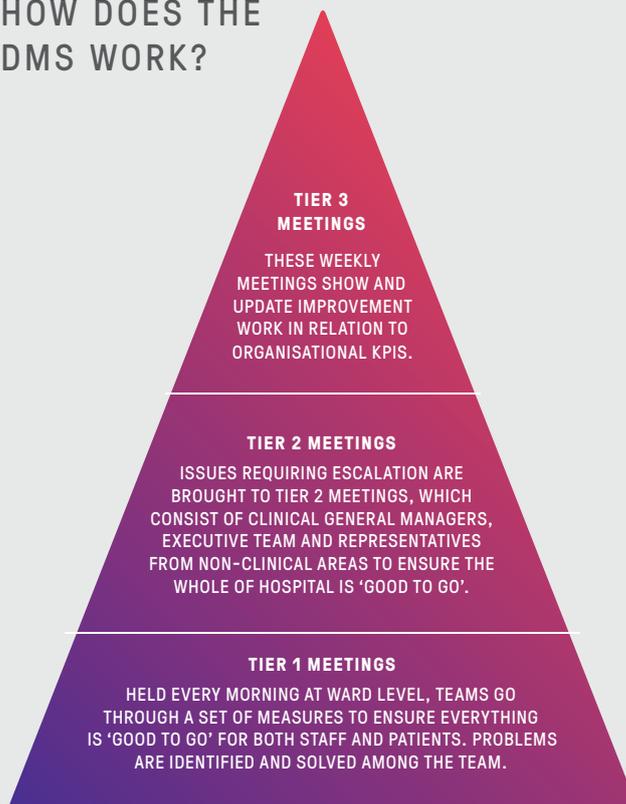
Three years ago, St Vincent's embarked on a vision of organisation-wide continuous improvement (CI), a journey now delivering great improvement in performance outcomes.

Over the past 12 months, we have focused on embedding CI into all areas of our health service, improving performance and enabling us to treat more patients than ever before.

A key reason for our dramatic improvement has been the implementation of the Daily Management System (DMS). Implemented in 2017, DMS is our core system and way of working, designed to bring problems to the surface, empowering our people to own and improve what they do.

St Vincent's has become a leader in CI, partnering with a number of government agencies. We support Safer Care Victoria (SCV) and DHHS by hosting and supporting Victorian Hospitals to implement their own DMS and build system-wide capability.

## HOW DOES THE DMS WORK?



*DMS is our core system and way of working... empowering our people to own and improve what they do*



# TURNING FEEDBACK INTO ACTION—IMPROVING DISCHARGE PROCESSES TOGETHER

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.

Reducing LOS improves patient safety by reducing the risk of hospital-associated harm, which contributes to an even longer stay, and increases bed and staff capacity, enabling us to care for more patients.

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' (CTD) project being implemented in February 2018.

CTD has improved patient experience around the discharge process and reduced LOS. The General Medicine Unit introduced five factors, or domains, for ensuring patients are receiving timely care and that their progress is being communicated.

These domains have now become business as usual on General Medicine with a 0.75 day (10%) reduction in LOS being maintained for the last year, allowing the General Medicine unit to treat 21 extra patients a month. The proportion of patients discharged before 10am has increased from 18% to 39%.

Barriers to patient care are being identified in a timelier manner, staff are supported in identifying these issues and there is structure to resolve these barriers, with an escalation pathway through the DMS should it be required.

This new process has been very successful, resulting in CTD being implemented across the health service

The five domains:

## Multi-disciplinary Engagement

Everyone plays a part in a patient's discharge experience. This key principle ensures the multi-disciplinary team are engaged at a local level when developing a standard discharge process.

## Estimated Discharge Dates (EDDs)

Reviewing these everyday with the multi-disciplinary team ensures a consistent message is communicated with patients and their families.

## Written Standard

This principle is the formal documentation of the discharge standard that the multi-disciplinary team develop and agree upon. It outlines who does what, when, where and how to ensure there are no assumptions or confusion around roles and responsibilities.

## Visual

Using visual tools such as the Electronic Journey Board (EJB) and patient bed boards mean all staff and patients have another way to quickly and easily see discharge plans.

## Daily Control

Are we doing what we agreed we would do? This daily control principle comes in the form of daily huddles where the multi-disciplinary team meet to discuss all patients EDDs, ensure everything is on track, pick up problems or delays and problem solve these together or escalate via the Daily Management System. Short, structured daily huddles are the glue that holds the entire discharge process together.

## ACUTE LOS

7.36 DAYS IN 2015-16  
6.80 DAYS IN 2018-19  
SUB-ACUTE LOS

22.56 DAYS IN 2015-16  
18.49 DAYS IN 2018-19

MENTAL HEALTH LOS  
23.58 DAYS IN 2015-16  
18.30 DAYS IN 2018-19





*This project encouraged early mobilisation, reducing length of stay by an average 40 hours*

## GETTING SPINAL FUSION PATIENTS HOME SOONER

In 2018, length of stay for patients after spinal fusion surgery was 24 hours longer than other metropolitan hospitals. In an effort to find out why and get patients home sooner, St Vincent's physiotherapists saw an opportunity.

Generally speaking, patient requiring physiotherapy review are seen once daily, however the team decided to look at whether twice-daily physiotherapy would reduce length of stay.

*everyone was keen to be involved and track our changes.*

'This project encouraged early mobilisation, reducing length of stay by an average 40 hours with twice-daily physiotherapy, condensed earlier into a patient's admission,' says physiotherapist Lucy Stone. 'It is now standard practice for physiotherapy to see patients twice daily after spinal fusion surgery.'

'The total number of physiotherapy contacts per admission remained the same at three, so we were just condensing them into a shorter period rather than increasing our workload. My ward and grade one staff were extremely supportive and everyone was keen to be involved and track our changes.'

Lucy was supported by a Continuous Improvement coach and used the continuous improvement framework to ensure her team were identifying and addressing the real issues.

'I really believe that the staff on the ground are best placed to be making changes that will positively impact their day to day work as well as the patient experience,' Lucy says.

There is now an opportunity to look at the timing and frequency of physiotherapy in other patient populations to ensure that we are providing the most efficient and effective service.

# Your feedback



**Patient experience data and feedback are an important input into the measurement of quality of care at St Vincent's. Understanding how patients experience their healthcare and taking action to improve this experience is a critical component of the improvement and clinical governance system.**

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

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

Patient experience feedback is reported daily and reviewed as part of our Daily Management System. Overall trend is monitored at peak Quality and Safety governance meetings as well as the Community Advisory Committee. The data is used to understand what needs to improve, and improvement plans are developed to improve performance across a range of these measures.

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.

## RESPONDING TO COMPLAINTS

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

During 2018-19 the main themes that were identified from complaints included:

### COMMUNICATION

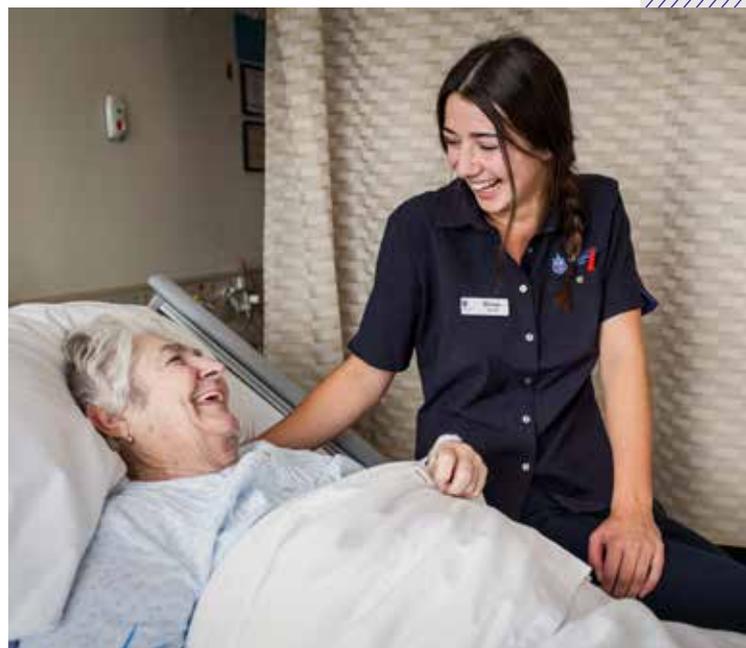
#### Example of what you told us:

*'I've fasted for my surgery all day and don't understand why my procedure is delayed. I'm frustrated and hungry'*



#### What we did:

In response to feedback such as this, a review of best practice fasting guidelines took place and the Anaesthetic Department undertook some research to understand the depth of the problem. The reasons that patients fast longer than required were identified and steps have been put in place to reduce unnecessary fasting. A new guideline for preoperative fasting on the day of surgery was developed and widely disseminated to all staff and further work is taking place to overcome the barriers leading to unnecessary fasting.



## ACCESS TO SERVICES

#### Example of what you told us:

*'The wait time for neurosurgery is too long and I've been cancelled more than once due to more urgent cases'*



#### What we did:

A dedicated phone clinic was established where a neurosurgery doctor calls patients who have been waiting longer than they should, to review their condition and order any investigations that are required. A large improvement project is underway to understand why patients are waiting too long, and to address the factors which contribute. Wait times are a constant source of frustration for the community, and addressing the little things that get in the way of timely care, can help in a big way.



## CONDUCT AND BEHAVIOUR

#### Example of what you told us:

Several members of our community provided feedback regarding inclusiveness of sexual and gender diverse patients and called for us to provide more training to staff.



#### What we did:

In consultation with the LGBTI community, we developed Gender & Sexual Diversity Responsiveness Guidelines to avoid discrimination and ensure LGBTI patients feel safe, welcome and free to express their gender and sexuality. There are more training opportunities for staff and the guidelines provide staff with tangible actions to take, to support our diverse community.





## SMS PATIENT EXPERIENCE SURVEY

The SMS Patient Experience Survey commenced in March 2019. A text message is sent to patients who have stayed overnight or more when they are discharged from hospital. Patients are asked how likely they would be to recommend St Vincent's to friends and family on a scale of 1 to 10 (1 being not at all likely, 10 being extremely likely). This score is then calculated to a 'Net Promoter Score'.

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

Nurse Unit Managers (NUMs) are able to access their scores and comments and identify possible opportunities for improvements. Responses with low scores are automatically emailed to the NUMs for information and possible further contact with the patient to discuss their experience and how we could improve.

Areas for improvement have been identified relating to 'communication' and 'nursing care'. The St Vincent's 8 step problem solving process is currently underway to identify and implement improvements.

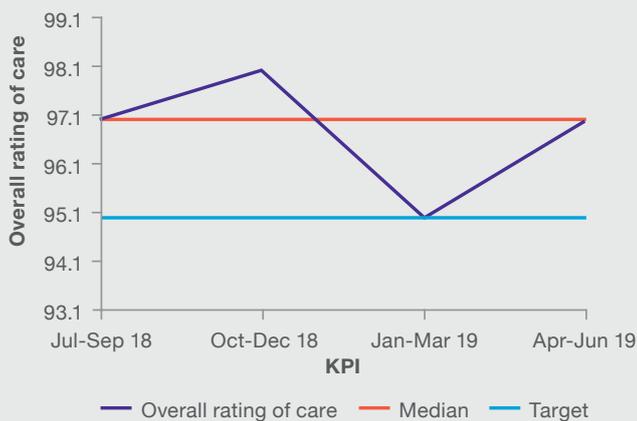


**THE ST VINCENT'S 8 STEP PROBLEM SOLVING PROCESS IS CURRENTLY UNDERWAY TO IDENTIFY AND IMPLEMENT IMPROVEMENTS.**

## VICTORIAN HEALTH EXPERIENCE SURVEY (VHES)

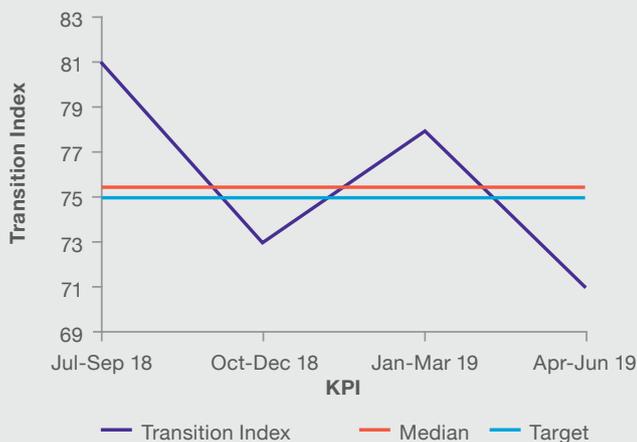
The Victorian Health Experience Survey, conducted four times a year, surveys a sample of people who have recently been treated at a Victorian public hospital. The VHES asks patients a wide range of questions about their hospital stay, including the overall quality of care, how well doctors and nurses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

### OVERALL IN-PATIENT EXPERIENCE

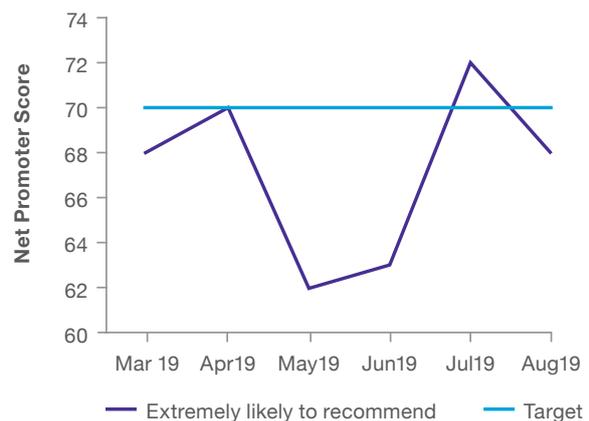


### TRANSITION INDEX\*

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



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



## SVHA PATIENT EXPERIENCE SURVEY (INSYNC)

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

Results relating to communication with nurses and doctors continue to be positive. Opportunities for improvement relating to information about medication and care after discharge have been identified.

## CONSUMER ADMINISTERED PATIENT EXPERIENCE SURVEY

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

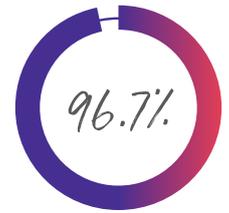
From July 2018 to June 2019, 181 surveys were conducted across the health service.

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

The results for the 2018-2019 year indicate areas for improvement include the ability for patients to get a good night's sleep and patients being involved in bedside handover meeting with nurses at the change of their shift. Excellent results continued regarding the patient privacy during care, cleanliness and comfort of rooms and being involved in decisions about care.

### Is your room comfortable and clean?

Yes  96.7%  
No  3.3%



### Do staff respect your privacy during their care?

Yes  98.9%  
No  1.1%



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

Always  20.4%  
Often  28.3%  
Sometimes  31.6%  
Never  17.7%



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

Yes  60%  
No  35%



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

Yes  55%  
No  41%



*Patients have enjoyed not just completing the survey but having a chat with the volunteer and telling their story*



# Improving health literacy together

Patient information, such as letters and brochures, can be difficult to read and understand for patients who have low health literacy, low literacy, are unwell or stressed. 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 consumers 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 can understand written instructions or follow advice and help to improve their health.

The training course is now an established program provided to staff four times a year and has had 217 participants to date.

Brochures, fact sheets and patient letters are now updated and written in plain English according to health literacy principles. Our consumers are involved in reviewing information and providing important feedback so that written information meets the needs of our diverse consumers.



AS A RESULT OF THE TRAINING, PARTICIPANTS ARE MORE AWARE OF THE RANGE OF DIFFICULTIES THAT OUR CONSUMERS MIGHT FACE IN UNDERSTANDING WRITTEN INFORMATION. PARTICIPANTS REPORT A MARKED INCREASE IN WRITING SKILLS AND HOW TO PRESENT INFORMATION THAT WILL SUPPORT OUR CONSUMERS TO UNDERSTAND INFORMATION RELATING TO THEIR HEALTH.

The quality of translations has risen in response to the training sessions as staff become more skilled in writing patient health information in plain English, avoiding the use of jargon and complicated explanations. This has led to simpler translations which are easier for CaLD patients to understand, many of whom have low literacy and low health literacy.

Translations are usually available in the top five most requested languages. Translations in other languages are available when the health information content is relevant to a wider group of diverse communities.



60%

OF AUSTRALIANS HAVE LOW HEALTH LITERACY



4

TRAINING COURSES PROVIDED EACH YEAR



217

PARTICIPANTS TO DATE





## THE DEVELOPMENT OF THE TRACK AND TRIGGER HEART FAILURE TOOL

Heart failure patients need to weigh themselves daily and monitor their fluid balance, as continual fluid gain can result in patients ending up in hospital and further complications. This monitoring process can be challenging for people with low health literacy or limited English.

The Track and Trigger tool provides a simple colour-coded chart that allows heart failure patients to document their daily weight over time and track changes. It also prompts them to take tailored action if required.

Developed with patients and health literacy experts, patients and carers report that the tool is simple and reassuring. Most found the tool a useful reminder to weigh themselves daily. They described feelings of comfort, positive reinforcement and encouragement when their weight stayed in the green zone.

The tool is now integrated with standard care for heart failure patients at St Vincent's, is translated into two common languages and has been shared with other health providers.



# Serious Harm



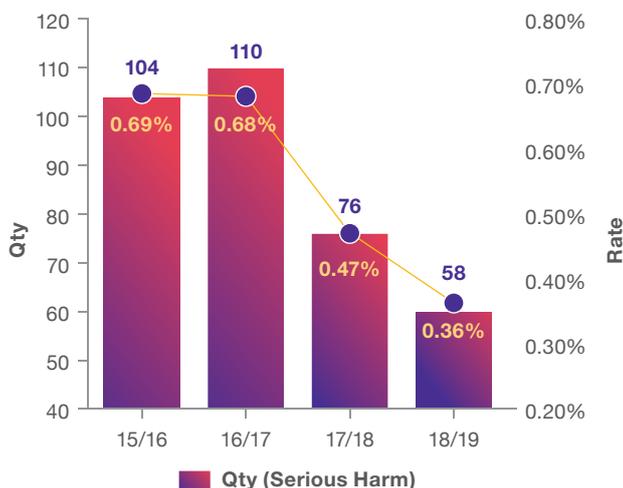
After struggling with unacceptably high rates of serious harm incidents, St Vincent's undertook a problem solving project to improve the clinical incident investigation process and introduced PIT STOP (Patient Incident Timeout STOP) in July 2017.

For all serious harm incidents, a formal PIT STOP investigation is now conducted. Managers conduct a PIT STOP meeting, or huddle, with a shift in focus to local systems rather than singling out individuals.

PIT STOP has improved the quality of investigations into serious harm incidents and have resulted in improved accountability. PIT STOPs have improved the capability of managers to conduct an effective incident investigation and identify suitable local controls to prevent them happening again.

Total serious harm incidents (Incident Severity Rating (ISR) 1 & 2) have decreased from 104 in 2015-16 to 60 in 2018-19.

Falls with serious harm have decreased from 46 to 26 over the same period, and pressure injuries with serious harm have decreased from 62 to 25.



## TOTAL SERIOUS HARM (ISR 1&2)

Over the past 12 months the health service has further strengthened the management of adverse events by improving governance processes.

Key improvements have included:

- Implementation of open disclosure auditing. This audit checks if there is documentation of an open discussion with the patient and family or carers following an adverse event.
- Review of all incident investigation actions that have been closed for six months to confirm if there is ongoing compliance.
- Integration of data from the electronic incident reporting system into Power BI, our business analytics system. This has enabled improved data analysis in real time and improved reporting capacity back to senior committees.
- Focus on investigating incidents relating to patient identification including incidents which have occurred during processes such as blood sampling and medication administration.
- Implementation of a formal investigation process for any incidents where staff have had an occupational exposure to blood or another body substance.

Staff reported 106 more incidents this financial year (a 1% increase), demonstrating an ongoing good reporting culture. Pleasingly there were 25% less serious incidents (ISR 1 & 2) during this period.

*PIT STOP has improved the quality of investigations into serious harm incidents and have resulted in improved accountability.*

## THEMATIC OVERVIEW OF CONTRIBUTING FACTORS

Theme	Examples	Number of occurrences
Process	Lack of process to support clinical practice	11
Policy	No policy, inadequate policy or failure of staff to follow policy	8
Communication	No documentation/clinical handover or sub-optimal or inaccurate documentation/clinical handover	6
Resources	Lack of resources such as staffing, bed availability, equipment	5
Knowledge	Lack of knowledge or experience of clinical staff	3
Engagement	Sub-optimal engagement with family	2

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

- Development of a roster template to ensure that the required skill mix of medical staff are rostered on every shift in the Emergency Department
- Implementation of a formal rest period in the afternoon in a sub-acute ward, with a daily reminder sent to the pagers of the multidisciplinary team
- Review of policies, guidelines and clinical pathways to include more detailed information
- Benchmarking exercise to review how other metropolitan mental health services record tasks that are required for their clients being managed in the community
- Improvements to the nursing handover checklist in a rehabilitation ward, to raise awareness of the risk of dislocation for patients post hip surgery
- Implementation of the nursing risk assessment form in a subacute area, in line with the rest of the hospital
- Review of the team briefing meetings to include family communication issues as a new standard agenda item
- Refinement to the process of how staff identify the correct location or side of the body for minor procedures which is incorporated into the timeout process
- Investigation of the feasibility of developing a ligature safe room in the hospital
- Implementation of a standardised process of completing overnight checks on consumers who are admitted to a community mental health facility
- Improvements to the process of recording next of kin and notifying them in the event that a consumer has absconded/is missing
- Development of an acuity categorisation tool to assist in prioritisation of inpatients who are awaiting cardiac surgery
- Implementation of visual aids on the cardiac bypass machine including colour coding of cables to assist in quick identification in the event of an emergency
- Development of team orientated simulation training to provide Theatre staff with the opportunity to practice responding to crisis events
- Implementation of 'Your Care Your Way' falls prevention and management program in a residential facility

## SENTINEL EVENTS

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

In 2018-2019 St Vincent's reported two sentinel events to Safer Care Victoria, a 75% reduction compared to the previous financial year. Both incidents fell into the 'other catastrophic incident' category:

- 1 patient had a delayed diagnosis resulting in irreversible brain damage
- 1 community patient was lost to follow up and completed suicide during the time that ongoing monitoring and assessment should have been occurring.



# Public Sector Residential Aged Care

St Vincent's has three residential aged care homes which participate in the 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.

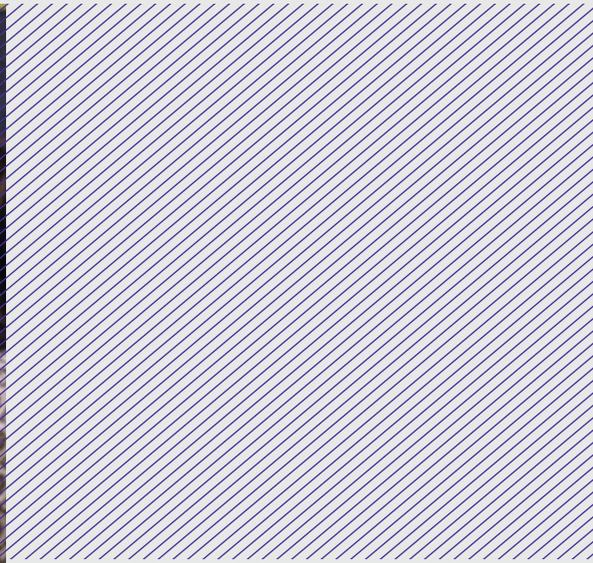
## 2018-19 OVERVIEW

- Falls prevention strategies mirror strategies in place across all clinical areas
- Pressure injury prevention strategies include screening, daily monitoring and use of pressure relieving equipment
- Action in response to unplanned 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.
- There has been a focus on reducing the use of restrictive interventions (restraint) over the 2018-19 period. The rate of restraint is now zero across all aged care homes.
- Countermeasures to reduce polypharmacy (nine or more medicines) are continuing, including a new geriatrician review based service.

### Legend

-  Within thresholds, equal or better performance compared to other PSRACS
-  Outside thresholds, equal or better performance compared to other PSRACS
-  Outside the thresholds, performance lower than other PSRACS

Aged Care performance 2018-19	Q1 Jul-Sep 2018	Q2 Oct-Dec 2018	Q3 Jan –Mar 2019	Q4 Apr –Jun 2019
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 (>3kgs)				
Unplanned weight loss (consecutive )				



# Accessibility and Inclusion

An Accessibility and Inclusion Action Plan for People with Disabilities 2018-2021, previously known as the Disability Action Plan, was implemented in 2019. The purpose of this Action Plan is to provide access and equity to the services and facilities provided by St Vincent's to all members of the community, in particular those with a disability.

This plan has been developed by the Community Advisory Committee in consultation with both staff and service recipients alike from the community we serve, including patients, carers, family members and volunteers.

This plan outlines strategies and identifies actions in meeting the needs of patients, community and staff with disabilities, focussing on three disability action domains:

## 1. Provision of appropriate care for patients and carers

OUTCOME: To improve the quality of care provided to patients and their carers

## 2. Accessibility of buildings and provision of appropriate equipment

OUTCOME: People with disabilities have improved physical access to buildings, facilities and specialised equipment where health services and programs are provided

## 3. Promoting employment, staff engagement and ongoing support

OUTCOME: Improved equity and equal opportunity to enable people with disabilities in our health workforce to realize their full potential



# 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 2018-19 was 1 per 10,000 bed days, which is equal to the target of 1 per 10,000 bed days, and slightly above the state average of 0.7 per 10,000 bed days. All Healthcare acquired SAB infections are investigated by the Infection Control Department.

## CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS

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

We continue to see a sustained reduction in central line-associated bloodstream infections (CLABSIs) in our Intensive Care Unit (ICU), monitored against the statewide target of zero. The rate of CLABSI reduced in 2018-19 1.4 per 1,000 device days. This rate is higher than the state average of 0.7 per 1,000 central line days.

The ICU and Infection Control continue to investigate all cases of CLABSI and are undertaking improvement work to decrease the incidence of CLABSI.

## 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 87.1% for 2018-19, we are above the Victorian standard. Several wards have been working on improving hand hygiene practices, with results improving by 11% in one ward, well exceeding the target.



### What is a SAB?

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

## 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 84% of healthcare workers to be vaccinated. St Vincent's conducted a vaccination campaign which saw 4,800 vaccinations provided to staff, volunteers and students.

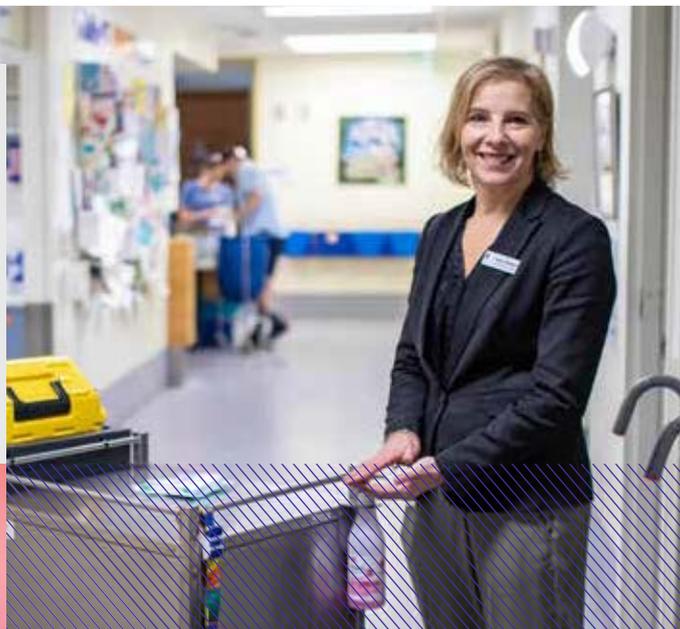
AT THE COMPLETION OF THE CAMPAIGN:

87.8% OF STAFF RESPONDED

OVER 4,800 PEOPLE VACCINATED

1871 STAFF REPORTED VACCINATION ELSEWHERE

440 STAFF DECLINED



## ACCREDITATION AT ST VINCENT'S

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

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

Other SVHM services are accredited with the following agencies;

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

## 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.

We will next be assessed in late October 2019, when we welcome members of ACHS for a full organisation wide Accreditation assessment against the new National Standards Version 2.



22

WE RECEIVED 22 'MET WITH MERIT' RATINGS AND THERE WERE NO RECOMMENDATIONS MADE.

# Aboriginal Health



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

Our Aboriginal Health Unit is 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.

'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.

As part of our commitment to better serve, care for and meet the needs of the Aboriginal and Torres Strait Islander community, we have implemented online cultural awareness training as required learning for all staff.

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

The Aboriginal Health Unit has also developed a monthly one hour Cultural Awareness Training session that is delivered face to face to staff across the hospital. This session personalises Aboriginal and Torres Strait Islander culture and provides staff with practical advice and skills to apply in their roles when working with Aboriginal and Torres Strait Islander people.



Ethan Quinn is St Vincent's Aboriginal Health Learning Coordinator, and a proud Ngemba and Wiradjuri man.

'Both my communities come from Northwest New South Wales and I've been living here in Melbourne for 10 years,' Ethan says. 'My family has always worked in health; my mum actually used to work on the switchboard at St Vincent's many years ago before I came here and my dad works in mental health.'

'One of the big drawcards for me coming to St Vincent's was that it has a dedicated Aboriginal Health Unit. I began here as an Aboriginal Hospital Liaison Officer, and it was a great experience to be able to work with Aboriginal patients and the Aboriginal community here.'

'In February this year I applied for a new position as the Aboriginal Health Learning Coordinator. Now I get to deliver Aboriginal cultural and health education to all the staff across St Vincent's Hospital Melbourne.'

'It is a great opportunity further our hospital's reputation with the community and also improve cultural safety here at the hospital.'

## IMPROVING THE PATIENT EXPERIENCE FOR ABORIGINAL WOMEN

St Vincent's is collaborating with BreastScreen Victoria and Aboriginal health organisations to increase breast cancer screening rates among Indigenous Victorians.

BreastScreen has introduced two screening sessions for Aboriginal women, who will receive a shawl to wear during the session. Featuring colourful artwork by Aboriginal artist Aunty Lynette Briggs, the silk shawl is designed to make Aboriginal women more comfortable during a breast screen.

The project is funded by the Department of Health and Human Services and is run by BreastScreen Victoria, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Victorian Aboriginal Health Service (VAHS).

Anne Barton, Operations Manager at St Vincent's BreastScreen, says the program has been very successful.

'When I walked through our reception, there was lots of chatting and laughing, Anne says. 'The women appear relaxed and comfortable.'

'The radiographer found the shawls a great resource in assisting women to feel comfortable and safe.'

'I appreciate the willingness of the staff to learn and treat women with respect,' said one of the participants.

Aunty Lynette Briggs says the piece was her first attempt at silk painting and was inspired by the many stories of women and their personal journeys shared in their yarning circles.

'Our journeys are many but our travelling path leads us back to Mother Earth, connecting us to Her Spiritual Being,' says Aunty Lynette.

*"Our journeys are many but our travelling path leads us back to Mother Earth, connecting us to Her Spiritual Being"*



## PRESENTATION OF ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS



1,377  
INPATIENTS



1,485  
PRESENTATIONS TO EMERGENCY DEPARTMENT



2,336  
OUTPATIENTS

## Aboriginal Cultural Awareness Training



60% TARGET

79% ACTUAL

\*to 30 September

# Aboriginal and Torres Strait Islander Employment



St Vincent's is committed to improving the employment experience and opportunities for Australia's first people. 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, we have developed an Aboriginal and Torres Strait Islander Employment Strategy which aims to ensure one per cent of our workforce is indigenous. 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.

St Vincent's currently employs 50 Aboriginal and Torres Strait Islander staff members, which represents .79% of the total workforce of more than 6,500 people. SVHM's indigenous staff grew by .38% in 2018-19 (25) and we have the largest number of indigenous staff of any metropolitan health service.

One way we continue to grow our Aboriginal and Torres Strait Islander workforce is through our Cadetship Program. In 2019 we have filled 10 positions this year across Physiotherapy, Nursing, Social Work and Radiography.



50

ABORIGINAL AND TORRES STRAIT ISLANDER STAFF MEMBERS



0.79%

OF WORKFORCE



1.15%

TARGET OF STAFF TO BE ABORIGINAL AND/OR TORRES STRAIT ISLANDER BY 2020

RECRUITED TWO GRADUATE NURSES IN 2019 AND FOUR IN 2020

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

THREE INDIGENOUS MEDICAL INTERNS OFFERED AND ACCEPTED POSITIONS FOR 2020 CLINICAL YEAR

CREATED PRIORITY APPLICATION PROCESS FOR INDIGENOUS GRADUATE NURSES AND MEDICAL INTERNS

## THE ABORIGINAL HEALTH CADETSHIP PROGRAM

Aboriginal and Torres Strait Islander nursing students drop out of their degree courses at twice the rate of other students, while only one in three enrolled Aboriginal and Torres Strait Islander nursing students will make it to graduation compared to two in three for non-Indigenous nursing students.

To help increase the number of Aboriginal staff members across St Vincent's, we established the Aboriginal Cadetship Program, which offers second and third year nursing students paid employment above and beyond their clinical training.

During their time, cadets work alongside the entire multidisciplinary team to help deliver care to patients, within a defined scope of practice. This builds comfort and familiarity with the work place, offers networking opportunities, and allows the cadets to improve their professional and communication skills and knowledge in patient care.

The program aims to expose cadets to the wide variety of work within the nursing field and potentially spark some interest for future career paths.

The placements are tailored to the self-identified learning needs of the cadets. Cadets are also supported to complete their university requirements through paid study days.

Cadets in their final year of study also receive extensive support with job applications for graduate nurse positions including tips on building resumes, writing the cover letters and mock interview practice.

The Aboriginal Nursing Cadetship Program has successfully supported 12 Aboriginal and Torres Strait Islander student nurses through to completion of their nursing degrees and into Graduate positions, with four more due for completion by the end of 2019.

Following the success of the nursing cadetship program, a new initiative was undertaken in 2018 to extend the program to Allied Health cadets. Three cadets are employed as Allied Health Assistants, and have completed more than 790 hours across 100 shifts between them.

Cadets have acknowledged the invaluable and rewarding opportunity available through the program – in particular in bridging the gap between student and professional life, as well as assisting with developing clinical and non-clinical physiotherapy skills.

'I'm an Aboriginal social work cadet at St Vincent's. I live and study in Bendigo and found out about St Vincent's Aboriginal cadetship opportunity through a program that was delivered in Bendigo. I'm the first Aboriginal social work cadet in the Emergency Department and work alongside social workers and the Aboriginal care coordinator where they assist me in my learning there. It is a very welcoming community and I've learned a lot throughout the year so far.'

—Skye Anderson



# Our diverse community

Our patient population is diverse. 42% of our patients were born overseas (compared to the state average of 29%), reflecting 199 countries of birth, 86 languages spoken and 37 faiths practised. Approximately 20% of our patients require an interpreter.

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

## LAUNCH OF THE SVHM DIVERSITY AND INCLUSION POLICY

St Vincent's recognised that particular groups of patients such as those of culturally and linguistically diverse backgrounds could be at a higher risk of harm than others and was keen to ensure that equity of care was always a priority. Within the policy, diversity is defined by the various elements that make us an individual, such as a person's background, experiences, individual lived experience, perspectives, approaches and viewpoints. The policy functions as an umbrella statement for other guidelines and policies relating to other diverse groups, of which the culturally and linguistically diverse community is one.

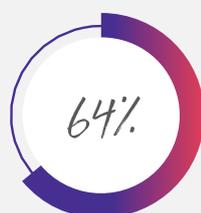
The SVHM Diversity and Inclusion policy was developed and launched in March 2019 to ensure that higher-risk groups were considered in all planning and delivery of care and patients and staff from all diverse backgrounds feel welcomed and supported within our health service.

Top 10 languages spoken	% of patient population
English	85%
Greek	2.7%
Vietnamese	2.0%
Italian	1.7%
Mandarin	1.3%
Cantonese	1.0%
Arabic	0.9%
Turkish	0.4%
Hakka Timorese	0.3%
Spanish	0.3%

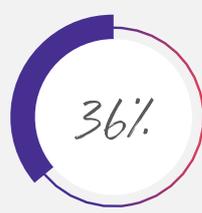
Top 10 Religions	% of Patient population
Catholic	23.9%
Christian	5.8%
Greek Orthodox	5.7%
Muslim	3.6%
Anglican	3.4%
Buddhist	2.9%
Church of England	2.4%
Other Orthodox	1.9%
Uniting Church	1.2%
Hindu	1.0%

Top 10 Countries of birth	% of Patient population
Australia	57.6%
United Kingdom	5.0%
Italy	4.9%
Greece	4.4%
Vietnam	3.1%
China	2.4%
New Zealand	1.9%
India	1.5%
Lebanon	0.9%

Our staff reflect the diversity of our community as well. Since June 2018, the Responsive Care team has been capturing cultural data from staff who participate in the General Orientation Workshop.



BORN OVERSEAS  
OR PARENT BORN  
OVERSEAS



NOT BORN  
OVERSEAS NOR  
PARENT BORN  
OVERSEAS



## PROFESSIONAL DEVELOPMENT FOR STAFF IN CULTURALLY RESPONSIVE CARE

In 2019 the training topics available to staff were condensed, updated and modified to reflect the latest outcomes in research, the existing high knowledge base of staff and current interests emanating from policy changes.

In 2020 a new module entitled Cultural Safety for CaLD Patients will be introduced as a way of combining some of the major outcomes of the training program through an interactive workshop format.

2,398

PARTICIPATED IN AT LEAST ONE FACE-TO-FACE OR ONLINE MODULE

60

WORKSHOP SESSIONS WERE DELIVERED FOR 29 DEPARTMENTS



## OUR LANGUAGE SERVICES

### INTERPRETER USE AND ACCESS

CaLD patients who require an interpreter to communicate with their health care providers need support to ensure equity of care. St Vincent's provides access to interpreters through a combination of Language Services department staff and agency interpreters.

11,000 episodes of care with an onsite interpreter were provided in 2018-19. The number of telephone interpreting occasions of service has increased markedly in the last three years—30% of all episodes of care are now conducted with a phone interpreter.

This is a reflection of awareness among clinical staff that telephone interpreters can be accessed quickly at any time of the day and can assist with all kinds of discussions such as providing an update on a medical issue, explaining medications or taking informed consent.

86 LANGUAGES REQUESTED

11,000 EPISODES OF CARE

WE MEET ON AVERAGE 75% OF INTERPRETER REQUESTS

### TOP SIX INTERPRETER LANGUAGES REQUESTED

Onsite staff interpreters are available in the most requested languages based on the SVHM patient demographics. These are:

Greek	Vietnamese
Italian	Mandarin
Cantonese	Arabic

### CULTURALLY AND LINGUISTICALLY DIVERSE PATIENT SATISFACTION SURVEY

Telephone surveys show improvement in the culturally responsive services provided at SVHM.

- 66% of meals were appropriate to the culture and faith of the patient (e.g. halal or vegetarian)
- 90% received an interpreter when needed (vs. 80% in 2017)
- 94% felt that doctors and nurses responded to their needs.
- All the patients surveyed said they would recommend St Vincent's to their friends and family.

# Our LGBTIQ+ diversity



**St Vincent's believes that acknowledging diversity and welcoming, protecting and respecting a person's individuality is central to patient-centred care, trust in our services, employee engagement and workforce wellbeing.**

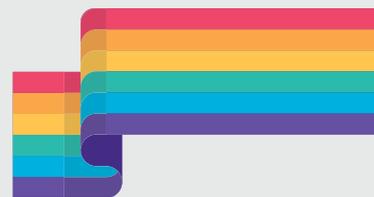
LGBTIQ+ individuals still face more barriers when accessing health and wellbeing services, and are at higher risk of poor mental health and suicide than their non-LGBTIQ+ peers. LGBTIQ+ employees also face high levels of workplace bullying, harassment and discrimination.

St Vincent's has developed Gender and Sexual Diversity Responsiveness Guidelines, in partnership with LGBTIQ+ communities, to ensure that people who identify as lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) feel safe, welcome and free to express their gender and sexuality.

We have also developed an advisory relationship with a local transgender activist and health safety educator, who held an executive workshop on the experience of trans and gender diverse patients and clients in our services.

## **What does LGBTIQ refer to?**

People who identify themselves as lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ)



## MENTAL HEALTH LGBTQIA+ STEERING COMMITTEE

In 2016, St Vincent's Mental Health established the Mental Health LGBTQIA+ Steering Committee. This committee contributes to St Vincent's best-practice strategy in working towards safe and inclusive service delivery for LGBTQIA+ people in our community.

The Committee meets once a month to review activities related to LGBTQIA+ inclusion, safety and responsiveness within St Vincent's Mental Health Service. Broadly, there are three main aims of the committee:

- LGBTQIA+ Cultural Awareness Training and Education Development
- Partnerships with Internal and External Stakeholders
- Policy and Guideline Development and Implementation

'The aim of the steering committee is to drive quality improvement projects that affirm the dignity and value of each person, to live their lives free from discrimination, and to have access to services that address specific health and wellbeing needs,' said committee member and Social Worker Jan Kilicaslan. 'This is an important initiative and we thank our colleagues at every level for their ongoing support in this pursuit.'

## IDAHOBIT DAY CELEBRATIONS ON THE MENTAL HEALTH INPATIENT UNIT

St Vincent's Mental Health inpatient service hosted its first ever celebration of the International Day against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT Day) in May.

To mark IDAHOBIT Day, St Vincent's Mental Health team held a staff and consumer morning tea on 17 May, specifically chosen to commemorate the World Health Organisation's decision in 1990 to declassify 'homosexuality' as a mental disorder.

## LGBTI+ AFFIRMATIVE PRACTICE TRAINING PROJECT

St Vincent's Mental Health is taking part in the LGBTI+ Affirmative Practice Training Project, part of the National Suicide Prevention Trial.

The project, developed with LGBTIQ+ community participation and engagement, will train staff to better respond to the needs of LGBTIQ+ consumers in suicidal presentations and how to be understanding and supportive in the care they provide.

The project targets health and suicide prevention services to ensure these services provide a safe space for LGBTIQ+ people. This will increase rates of LGBTIQ+ people accessing support during times of crisis, reduce rates of disengagement and improve social connectedness.

## ST VINCENT'S MENTAL HEALTH LGBTQIA+ ALLIES

St Vincent's Mental Health established the Allies Network to create a network of support across the service for people who identify as LGBTIQ+ and promote understanding and awareness of LGBTIQ+ issues affecting staff and consumers.

Senior Social Worker Jan Kilicaslan says that allies work closely with the LGBTIQ+ Steering Committee to assist organisational change and create a LGBTIQ+ inclusive health service and workplace.

'Allies are not experts about matters of sexuality and gender identity,' Jan says. 'They are people who strongly support making St Vincent's an environment where all staff, consumers and their carers can safely work and receive care free of harassment or discrimination.'

'It is important that allies are a role model for the health service through their behaviour and language, and that they speak out against discrimination or harassment on someone's behalf or advocate alongside them.'

*"It is important that allies... speak out against discrimination or harassment on someone's behalf or advocate alongside them."*



# Our response to family violence

One in five women and one in 20 men in Australia have experienced violence by a partner. St Vincent's recognises the devastating impact violence can have on someone's life, as well as the effect this can have upon their health, safety, capacity to work and financial security. We recognise that a significant proportion of our patients and staff will be either directly or indirectly impacted by family violence.

The Strengthening Hospitals' Responses to Family Violence (SHRFV) Program commenced in 2016 in response to recommendations of the Victorian Royal Commission into Family Violence (2015). The Commission identified the role of hospitals in mitigating the impacts of family violence through primary prevention, early identification and response.

The DHHS funded St Vincent's as one of 15 lead hospitals to provide an whole-of-hospital model for responding to family violence through the SHRFV initiative.

St Vincent's has made a commitment to address family violence through our Statement of Priorities with DHHS, with Executive participation in the SHRFV Steering Committee reflecting leadership commitment.

The SHRFV Program has made impressive gains in a short time period. This is due to skilled oversight and program coordination by Social Work, and a strong engagement by a range of key staff, including partnerships with Consumers and HR for Workforce response.

Policies and guidelines promote an integrated response to family violence, to ensure high quality care and support is provided to affected individuals.

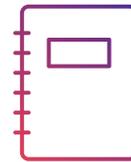
St Vincent's has introduced universal screening for family violence through the Patient Risk Assessment Tool, completed by nurses for all Emergency Department and admitted patients in our health service.



THE SHRFV PROGRAM TELEPHONE SUPPORT LINE PROVIDES FAMILY VIOLENCE CLINICAL CONSULTATION FOR ALL STAFF ON WEEKDAYS.

The SHRFV Program Telephone Support Line provides family violence clinical consultation for all staff on weekdays. A weekend consultation service is also available via the After-Hours Coordinator. This service provides support for staff working with patients or staff who they suspect or confirm may be experiencing family violence.

A Clinical Risk Register for elder abuse was established in 2012 and expanded in 2016 to include family violence across the lifespan. Maintained by the SHRFV Program, family violence reporting is reviewed by two senior SHRFV staff daily, risks are identified and actions are set in place including monitoring and reviews.



SINCE FAMILY VIOLENCE RISK IDENTIFICATION REPORTING COMMENCED IN NOVEMBER 2018, 230 REPORTS OF FAMILY VIOLENCE HAVE BEEN MADE BY ST VINCENT'S CLINICIANS TO OCTOBER 2019.

## OUR COMMITMENT

St Vincent's is committed to:

- the care of people who are vulnerable
- the prevention of family violence across all ages
- creating an environment that promotes the disclosure of family violence and supports the individual's participation in decision making, and to support those affected by violence to reduce its consequences.



## TRAINING

'Family Violence Across the Lifespan' training is offered to all health disciplines and non-clinical staff, with the purpose of strengthening staff's ability to offer sensitive 'first-line' support and to ensure that clinicians can provide safer spaces for patients and colleagues to discuss past or current family violence. Training also provides a focus on our vulnerable populations, based on a health equity approach.

In collaboration with community experts, an advanced family violence training program has been developed with a focus on:

- Identifying Family Violence: Responding to Women
- Working with Male Perpetrators of Family Violence: Reflections on Collusion
- LGBTQI People and Family Violence
- Disability and Family Violence
- Cyber Safety
- Human Trafficking and Modern Slavery
- Trauma Informed Care and Practice in Domestic and Family Violence

SHRFV training has resulted in an increase in staff confidence to assess and provide family violence reports, consultations and referrals, and to provide better outcomes for our patient's welfare. A detailed report including pre and post training evaluations has been completed and is available on request.

So far, 1,946, or 36.13% of all staff have participated in SHRFV training since the program's inception to October 2019.



'I joined the Strengthening Hospital Response to Family Violence program because I feel very passionately about the enormous impact family violence training can make in our clinical practice. It certainly did in my nursing practice. When I reflected on why it made such an impact, I realised that in the past, I didn't know how to ask the questions ... and what to do with the answers. The program and its training modules provide all our clinicians and staff with the skills they need to recognise the signs and provide simple interventions that can make all the difference.'

*Marianne Crowe*

Safer Communities and Equitable Health Lead,  
Social Work department



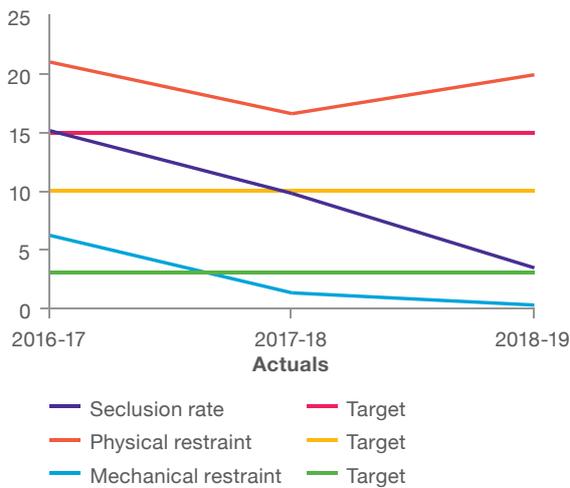
# Our Mental Health Services



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.

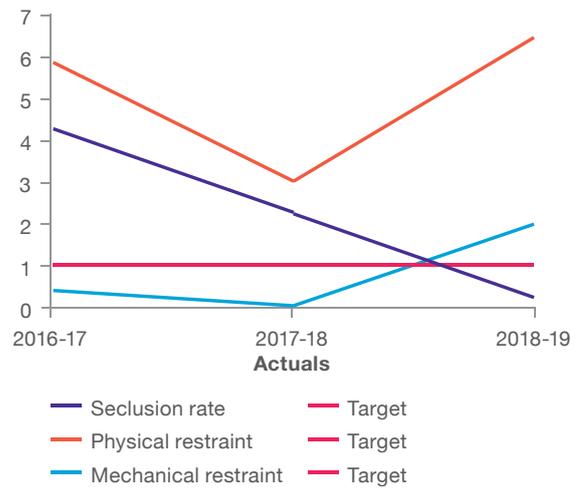
### ADULT INPATIENTS\*



\*average monthly rate per 1,000 bed days

**44**  
 BEDS IN THE AIS INPATIENT UNIT,  
 WITH 6 EXTRA BEDS FOR ECU

### AGED PSYCHIATRY INPATIENTS\*



\*average monthly rate per 1,000 bed days

Since 2016-17, St Vincent's Mental Health has experienced less seclusion events, physical restraints and mechanical restraints. Aged Mental Health seclusion, physical restraint and mechanical restraint rates continue to be very low.

In particular, there has been an 81% decrease in seclusion rates, due to focussed efforts on minimising the use of seclusion and instead employing other less restrictive means of containing risk, such as sensory modulations and Safewards principles.

It is common to see that as seclusion rates fall, physical restraint rates may increase slightly and we see this here. Staff may need to physically restrain people for very short periods and sometimes a couple of times, in order to ensure no harm occurs to the person or others, and sometimes to administer medication. This is considered to be a less intrusive alternative to seclusion which enables staff to interact and support the person more closely. Mechanical restraint continues to be rarely used in adult inpatient mental health.

**20**  
 BEDS IN THE AGED MENTAL HEALTH INPATIENT  
 UNIT ON THE ST GEORGES CAMPUS

## A SAFE HAVEN CAFÉ OPENS IN FITZROY

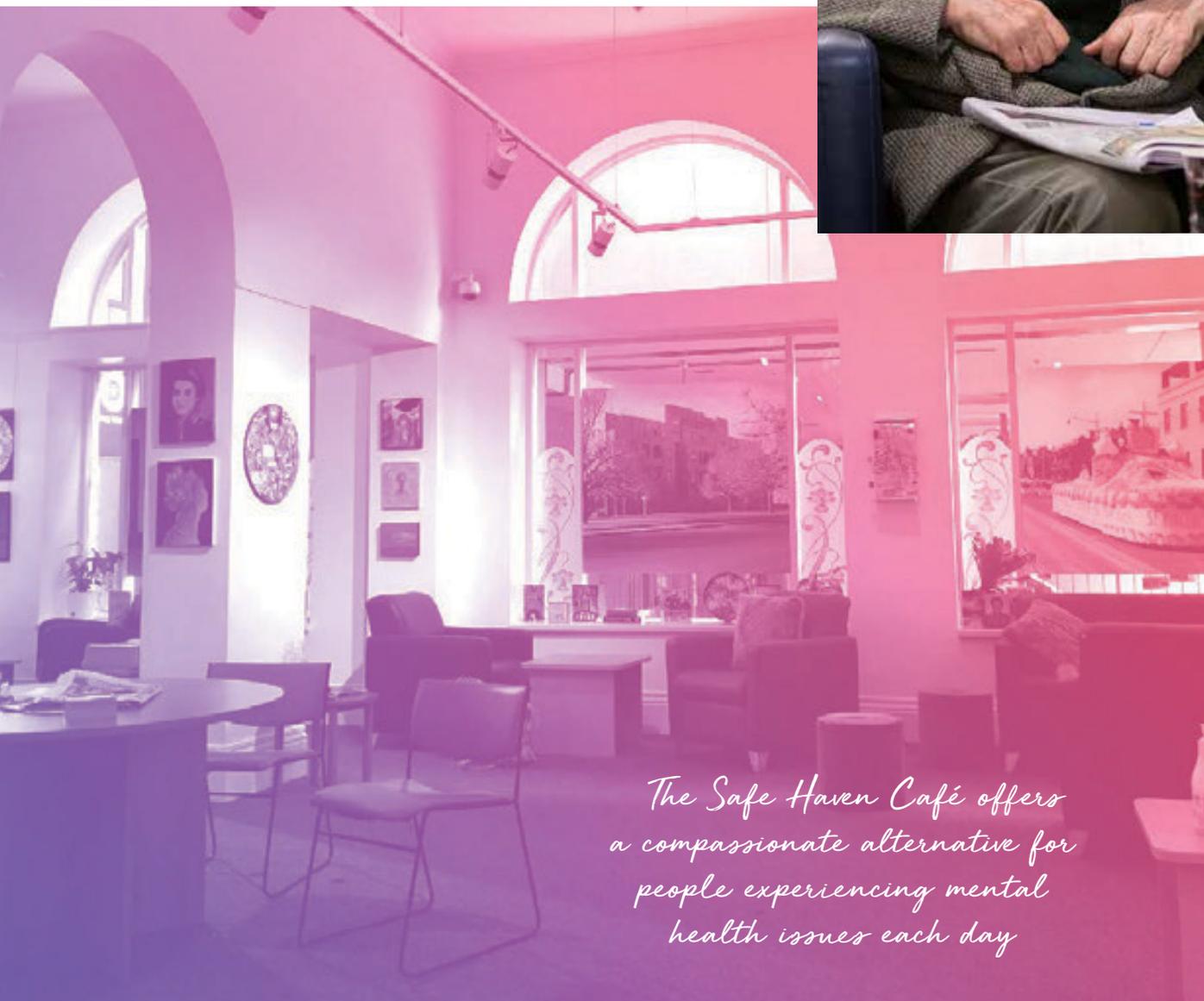
In 2018, St Vincent's Mental Health established the innovative Safe Haven Café, funded by Better Care Victoria.

Designed by consumers, for consumers, the Safe Haven Café offers a compassionate alternative for the dozens of people who present to ED experiencing mental health issues each day.

Located in the St Vincent's 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.

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 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 4-8pm, and 2-8pm Saturday and Sunday.



*The Safe Haven Café offers a compassionate alternative for people experiencing mental health issues each day*



*Since commencing services 12 months ago, STAY has helped over 40 residents by providing assessments and consultation.*

## ‘STAY’ PROJECT HELPING AT-RISK TENANTS REMAIN IN THEIR HOMES

In the absence of specialist support for mental health issues, Individuals and families living in public housing are at higher risk of losing tenancy due challenges maintaining their homes, keeping up with rental payments, behavioural difficulties, or sustaining safe and stable household environments. This can exacerbate health and welfare issues for those involved and lead to lifestyle instability or homelessness.

The Supporting Tenancy at Yarra (STAY) project is a unique, tailored partnership between St Vincent’s, Department of Health and Human Services (DHHS) Mental Health Branch and North East Melbourne Area Fitzroy Housing Service.

The program provides a coordinated service response to prevent tenancy loss and subsequent homelessness and in doing so, improve outcomes for people in high-risk tenancies who experience mental health issues.

Two mental health clinicians are co-located with Fitzroy Housing office team to support at-risk tenants by providing mental health assessment, care coordination and referral.

While the project is in its infancy, early indicators of success are positive. Since commencing services 12 months ago, STAY has helped over 40 residents by providing assessments and consultation.

Clinicians hold a daily huddle with housing staff to check in on any referrals and progress. The project also supports housing staff by educating them in identification of emerging mental health issues and strategies to provide support and referral. So far STAY clinicians have conducted over 30 training events for housing staff.



## SAFEGUARDS

Safeguards is an evidence-based practice model to reduce conflict and restrictive interventions. The model draws attention to ‘flashpoints’, moments of opportunity for clinicians to prevent conflict and to minimise use of restraint, medications and seclusion. Safeguards can assist understanding of the very complicated subjects relating to responding to conflict and maintaining containment by encouraging consumers and staff to work together.



## SENSORY MODULATION

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

# 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 strive to improve the care of our patients through continuously reviewing processes to identify patient deterioration, and management of escalation of care to the appropriate services.

We have several systems in place to encourage family and patients to escalate care to their treating clinicians. On admission, a Risk Assessment is completed with our nurses. Part of the risk assessment process is for the admitting nurse to advise the patient and family on how to escalate care within our inpatient wards. This is also reflected in our “Keeping you safe at St Vincent’s” brochure.

Nursing staff conduct bedside handovers, involving patients and families in the process and provide them with an opportunity to raise questions or concerns about their care. On some wards, staff will contact a family member by telephone, to involve them in the handover process.

Escalation of care flowcharts assist clinicians to identify correct processes to follow; these are continually refined to keep up with the changing demands of the hospital and patient population.

If a patient does experience a rapid deterioration in their health, our Rapid Response Team is called to assist, via a MET Call or Code Blue Call. These specialised teams assess the individual, collaborate with the treating team, and determine plans on what care is best for the patient. These teams are made up of doctors and nurses who are highly experienced and trained to work in the most difficult situations, thereby preventing further deterioration of health.

*The ‘HEAR ME’ program introduces a state-wide telephone number that can be called to provide an extra assurance that their concerns will be heard.*

## IF SOMETHING IS NOT QUITE RIGHT, SPEAK UP

St Vincent’s is partnering with Safer Care Victoria to introduce a new family escalation of care pilot program called “HEAR ME”.

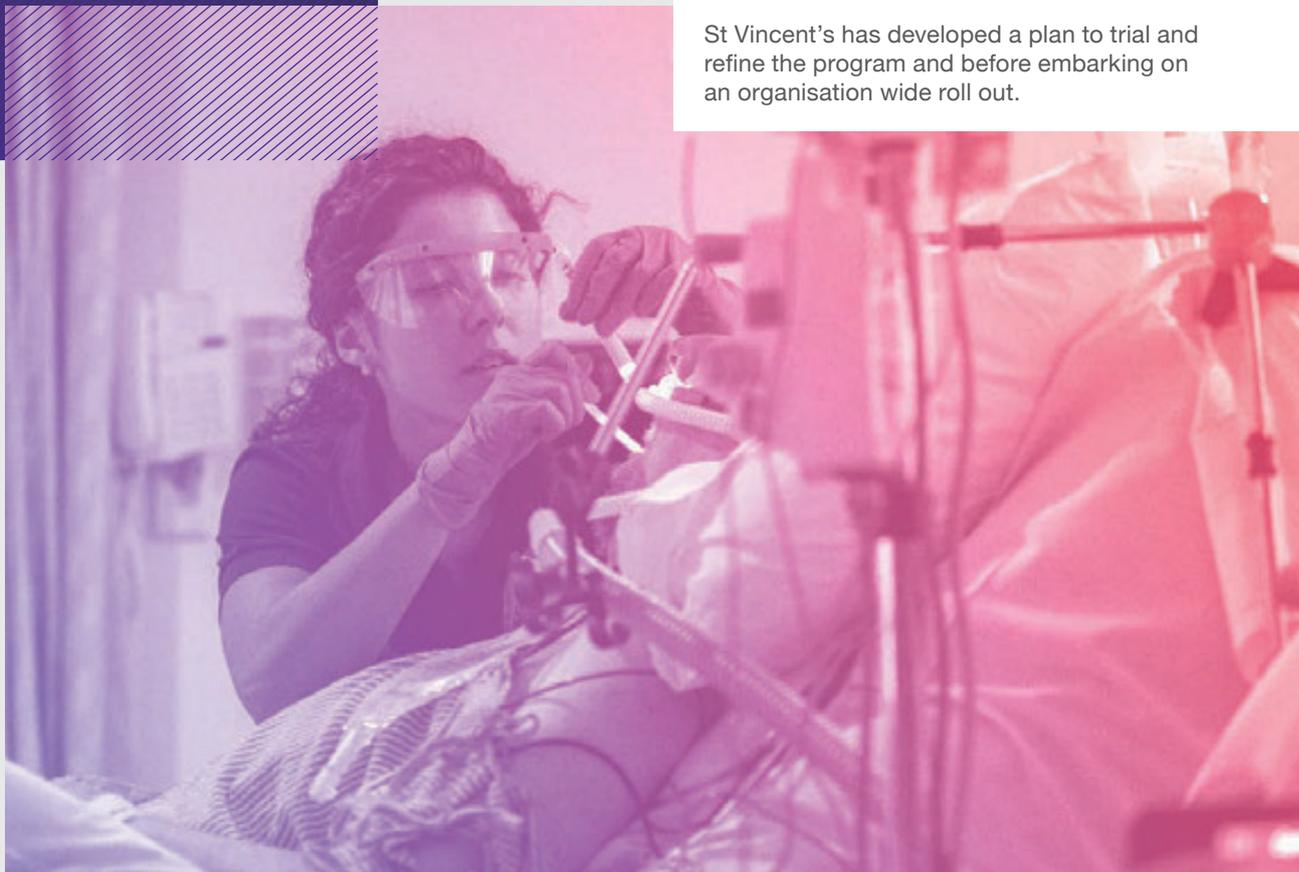
The patient or family know themselves or loved ones best. If they are worried about their health or hospital care, we want them to speak up—“We will HEAR them”.

In the event that a loved one’s health deteriorates and the family or patient are concerned and do not believe they are receiving the best possible care, the ‘HEAR ME’ program introduces a state-wide telephone number that can be called provides an extra assurance that their concerns will be heard.

This unique service will be able to provide telephone interpreters 24/7 so that every patient or family member will be able to communicate their concerns.

Staff will attend to the patient within 30 minutes to review how we can best address the concerns that have been raised.

St Vincent’s has developed a plan to trial and refine the program and before embarking on an organisation wide roll out.



# Staff Experience

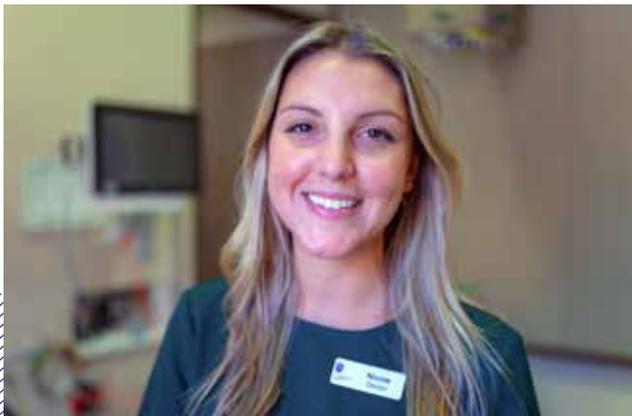
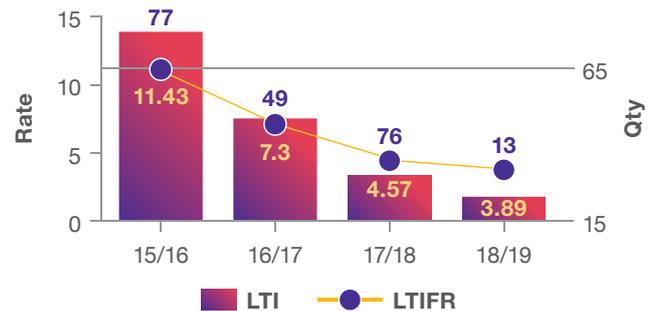
## SERIOUS ABOUT SAFETY

Identifying the link between a safe workplace and enhanced patient outcomes, St Vincent's has vastly improved our staff safety performance with a dramatic reduction in the number of staff injured at work.

A safety culture change program was implemented to change the accountability and responsibility for safety across the organisation in order to reduce the number of staff injuries. This included stronger governance, intensive leadership training and a communication focus on the importance of safety. We set targets and deployed rigorous problem solving tactics, which delivered measureable results.

The program has been a great success; staff are more engaged in safety, reporting has increased and serious injuries have decreased.

Lost Time Injuries have decreased by 70%, from 77 in 2015-16 to 24 in 2018-19. Our hazard reporting has grown by 255%, from 174 in 2015-16 to 619 in 2018-19. WorkCover claims have decreased from 45 in 2015-16 to 35 in 2018-19.



*Staff are more engaged in safety, reporting has increased and serious injuries have decreased*



## STAFF ENGAGEMENT

St Vincent's improved its staff engagement in the latest survey conducted by Gallup in March 2019.

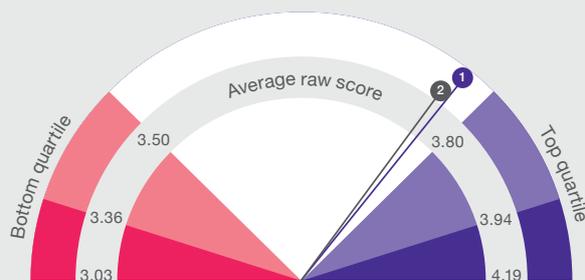
Through efforts to improve the engagement domains of Progress, Development and Recognition, St Vincent's increased its grand mean engagement score from 3.75 to 3.81. A record 67% of staff participated in the survey.

## 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.

## 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.

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.



280

ETHOS REPORTS RECEIVED



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

## CARING FOR OUR JUNIOR MEDICAL STAFF

St Vincent's has made a major investment in Junior Medical Officer (JMO) roles in to improve patient care and the learning and working experience of our youngest doctors.

A ward-by-ward analysis and investment has improved after-hours cover, increased discharge summary completion, reduced unplanned overtime, increased morale and vastly improved the experience of JMOs.

The investment also improved our AMA rating by JMOs—improving in almost all categories in 2019, and lifting our rating in the 'Recommendation' category from C+ to A-. St Vincent's had the best result when compared to our peers.

## CONTACT US

### **St Vincent's Hospital Melbourne**

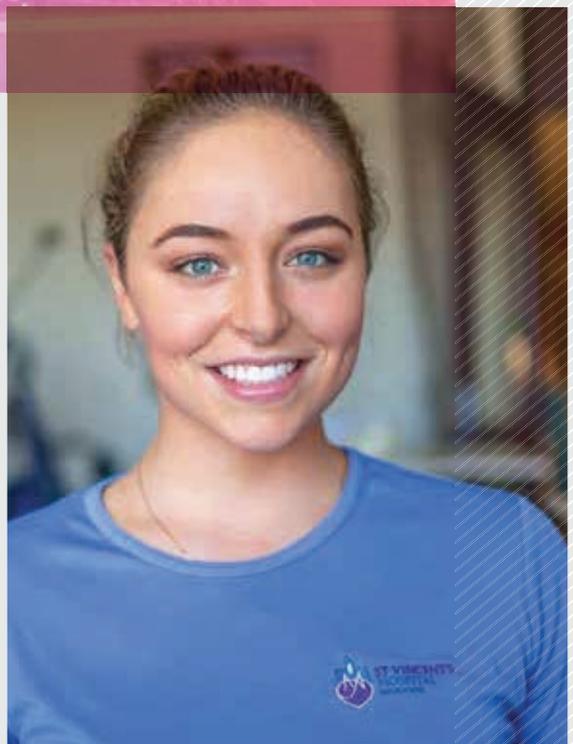
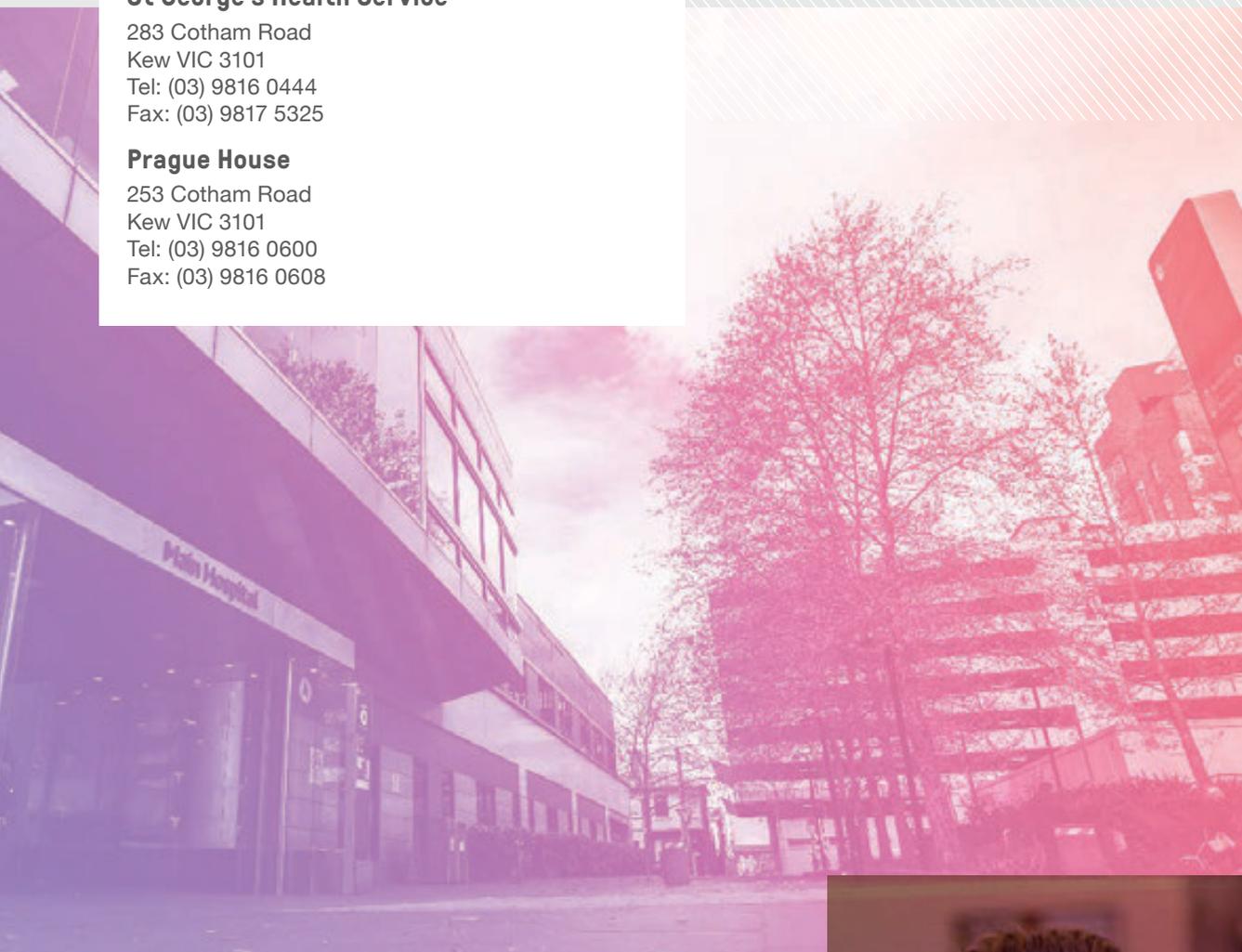
PO Box 2900  
Fitzroy VIC 3065  
Australia  
(03) 9231 2211  
[www.svhm.org.au](http://www.svhm.org.au)

### **St George's Health Service**

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

### **Prague House**

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



*St Vincent's acknowledges the traditional owners of this land, the Wurundjeri people and all the members of the Kulin nations.*

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