

Serving
something
greater

ST VINCENT'S
HOSPITAL MELBOURNE
**QUALITY
OF CARE**
REPORT 2014-2015



ST VINCENT'S
HOSPITAL
MELBOURNE

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SERVING, SEEING AND STRIVING FOR SOMETHING GREATER

On behalf of St Vincent's Hospital Melbourne, I am delighted to present the Quality of Care Report for 2015. This report demonstrates how St Vincent's has performed throughout the past year; outlining its key initiatives and achievements and aiming to give you a comprehensive understanding of how well the health service operates.

As a member of the Community Advisory Committee for numerous years now, I am always very proud of how well St Vincent's responds to the needs of a diverse community, providing a vast range of services and care to the local community, as well as people from right across Victoria.

St Vincent's main campus is located in Fitzroy on the edge of the CBD, but it also includes 16 sites across greater metropolitan Melbourne, with pathology centres, and other services such as satellite dialysis centres in rural and regional Victoria. St Vincent's provides services and support to people from all walks of life throughout the state.

The Community Advisory Committee, which I have the pleasure of chairing – works to ensure that patients', carers' and community voices are heard by senior management of the hospital. I would like to take this opportunity to thank the volunteer committee members, who bring a diverse range of knowledge and experience to the role of representing the community. The Quality of Care Report is the mechanism for us to provide back to the community, a snapshot of some of the important initiatives that have occurred at St Vincent's over 2014–15.

On behalf of the community, I would like to acknowledge the important and life-changing work undertaken by St Vincent's staff, 24 hours a day, 365 days a year. I commend to you this reflection on St Vincent's 2015 year.

Bronwyn Williams
Chair
St Vincent's Community
Advisory Committee

'St Vincent's provides services and support to people from all walks of life throughout the state.'



WHO WE ARE

St Vincent's Health Australia is Australia's largest not-for-profit Catholic healthcare provider, which operates under the direction of Mary Aikenhead Ministries.

St Vincent's provides medical and surgical services, sub-acute care, aged care, correctional health, mental health services, and a range of community and outreach services. We are a non-government provider of public health services in Victoria.

St Vincent's Clinical School remains an attractive education destination for Melbourne Medical School, keen to experience excellent education culture and strong academic results. For the last two years, St Vincent's has had the valedictorian, both of whom are

now doctors at St Vincent's – Dr Jayne Moxey and Dr Matthew Rees. Last year 16 of the top 60 final year students from Melbourne University were from St Vincent's. St Vincent's graduate nursing program is equally popular – for the 2014 program 780 candidates applied for just 115 positions.

St Vincent's Hospital works with a vast network of collaborative partners to deliver high quality treatment, teaching, education and research. Partners include the University of Melbourne, St Vincent's Institute, the O'Brien Institute, the Bionics Institute, the University of Wollongong, the Australian Catholic University, Swinburne University and Royal Melbourne Institute of Technology (RMIT).

We are guided by the following values:

Compassion – accepting people as they are, bringing to each the love and tenderness of Christ

Justice – treating all people with fairness and equality so as to transform society

Integrity – acting with honesty and truth while ensuring that who we are enables others to flourish

Excellence – excelling in all aspects of our healing ministry



*St Vincent's
Hospital works
with a vast network
of collaborative
partners.*

2014-15 IN NUMBERS



16

SITES ACROSS
GREATER MELBOURNE



5,000

STAFF



781

BEDS



96,000

CLINIC
APPOINTMENTS



36,000

VOLUNTEER HOURS



42,537

EMERGENCY
PRESENTATIONS



6,880

ELECTIVE SURGERY
ADMISSIONS



763,000

MEALS SERVED

ACCESS PERFORMANCE

KEY PERFORMANCE INDICATOR	TARGET	2014-15 ACTUALS
Emergency care		
Percentage of operating time on hospital bypass	3	2.1
Percentage of ambulance transfers within 40 minutes	90	75.7
NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours	81	59.8
Number of patients with length of stay in the emergency department greater than 24 hours	0	1
Percentage of Triage Category 1 emergency patients seen immediately	100	100
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times	80	68.8
Elective surgery		
Percentage of Urgency Category 1 elective patients treated within 30 days	100	100
NEST – Percentage of Urgency Category 2 elective surgery patients treated within 90 days	88	79.9
NEST – Percentage of Urgency Category 3 elective surgery patients treated within 365 days	97	98
Number of patients on the elective surgery waiting list at 30 June 2015	1,206	1,400
Number of Hospital Initiated Postponements per 100 scheduled admissions	8	7.1
Mental Health		
Mental Health 28 day readmission rate – percentage	14	12
Adult Mental Health Post-discharge follow-up rate – percentage	75	89
Adult Mental Health Seclusion rate per occupied bed day	<15/1,000	6/1,000

*NEAT: National Emergency Access Target

**NEST: National Elective Surgery Target

ST VINCENT'S AT A GLANCE

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

St Vincent's Hospital, Fitzroy

Major teaching, research and tertiary referral hospital

St George's Health Service, Kew

A broad range of subacute inpatient and community aged care services

Caritas Christi Hospice, Kew and Fitzroy

Palliative care services

Prague House, Kew

Residential care for people who have experienced homelessness

The Cottage, Fitzroy

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

Briar Terrace, Fitzroy

Support to men and women experiencing social isolation

St Vincent's Mental Health Service Community Care

The Footbridge (North Fitzroy)

Prevention and Recovery Care (PARC) Service, North Fitzroy

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

Aged Mental Health

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

Residential Aged Care

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

Community-based Mental Health Services

Clarendon Clinic and Hawthorn Clinic

SACS Rehabilitation Services

Community Rehabilitation Centres at Kew, Northcote and Fitzroy

Specialist clinics

40 clinics providing diagnostic support for general practitioners (GPs) and patients before or after admission

GP Clinics

Brunswick, Staff Health Clinic in Fitzroy and two in St Kilda

DBMAS

Victoria's provider of Dementia Behaviour Management Advisory Service

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

Home nursing service alternative to being treated in hospital

De Paul House

Drug and Alcohol Outreach

Pathology Collection

80 pathology collection centres around Melbourne

Youth Health and Rehabilitation Service (YHARS)

Integrated primary health care for juveniles in custody

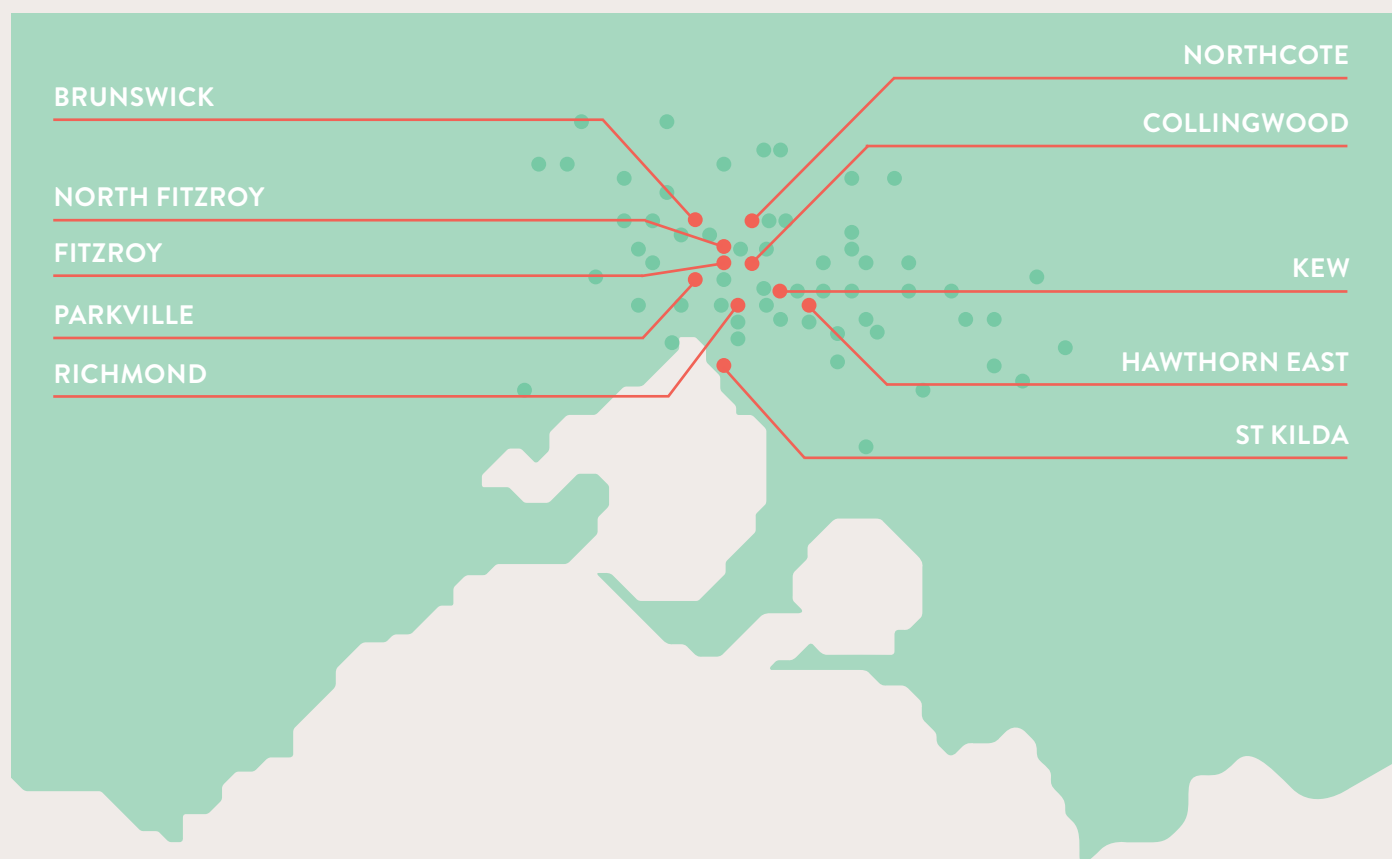
Correctional Health

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

Research

160 post-graduate students undertaking state, national and international research projects

St Vincent's Hospital operates at 16 sites across greater Melbourne.



- St Vincent's in greater Melbourne
- Pathology in greater Melbourne

IMPROVING LIVES

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GOOD SAMARITANS JOIN FORCES TO SAVE NEW MUM

In April St Vincent's and the Children First Foundation joined together to save the life of a young mother from the Philippines.

In 2013, a lump began growing at an alarming rate on 35 year old Mary Jane Gallon's jaw and by the end of 2014, it had completely overtaken more than half of her mouth.

As it grew, and she became more disfigured, Mary Jane became too ashamed to be seen in public. She withdrew into her home and lived with the pain, the shame, and the worry. Pregnant with her first baby, she was also afraid that the tumour would prove fatal, and she wouldn't see her infant daughter Nicole, grow up.

Although the tumour was benign, micro surgeon Professor Wayne Morrison was afraid it would soon stop Mary Jane from eating and breathing. A marathon 14-hour operation at St Vincent's, involving a team of 16 experts lead by Prof Morrison, removed the tumour.

The tumour removal took just two hours – the rest was the delicate reconstruction work. The surgeons removed the fibula, the thin bone from Mary Jane's lower leg, and reshaped it to make a replacement jaw. They transplanted veins and arteries from her leg and arm to ensure the blood flow resumed in her newly reconstructed face.

The success of the surgery was evident immediately, and just a few weeks after her surgery, Mary Jane's recovery was amazing.

This was made possible in part from St Vincent's 'Good Samaritan Fund', into which staff donate money from each pay, to help marginalised and disadvantaged patients.

GOOD SAMARITAN FUND

A key part of the Mission of St Vincent's Hospital is our care for patients who are experiencing high levels of poverty, vulnerability and hardship. For these patients a form of additional assistance would make a significant difference to their lives, contributing to their dignity, recovery and well-being.

The Good Samaritan Fund was established in December 2014 in response to this need. We invited staff to become Good Samaritans and have been thrilled with the response. Each pay, staff members volunteer to donate to the Fund.

The Good Samaritan Fund enables staff to assist our most poor, vulnerable and disadvantaged patients through their journey with us.

It is the St Vincent's Mission in action.

A young woman named Janine was admitted to our Intensive Care Unit suffering from a massive brain haemorrhage. She was urgently placed on life support. Her elderly and anxious parents from Queensland did not have money to buy tickets to fly to Melbourne.

Within two hours of Janine being admitted, our staff arranged for her parents to be on a flight to Melbourne. Her parents arrived at the hospital at 8pm and spent four loving hours with their daughter before she passed away.

It was a sad ending but being with their daughter before she died meant the world to the grateful parents.

HEART-WARMING SUCCESS STORY

92 year old World War II Eric Manning is more active than many people 20 years his junior. He loves going to his local RSL and is the sole carer of his wife of 69 years, Veronica.

'I feel a lot younger than I am, I thoroughly enjoy life. I don't do as much as I would like to do, my legs aren't up to it, but I feel like I could,' Eric says.

Eric owes his new lease on life to a transcatheter aortic valve implantation (TAVI) he received at St Vincent's in 2014.

The TAVI procedure, performed at St Vincent's since 2009, is suitable for older patients suffering from aortic valve stenosis (a narrowing of the aortic valve) for whom traditional open-heart surgery is deemed too risky, but would see improvements in their independence, quality of life and overall heart function if their condition was treated. The procedure involves inserting a new artificial heart valve through a catheter, making it less onerous than surgery.

'Health wise, body wise, I'm feeling better than I was just a year ago. I'm breathing easier and I'm not feeling as tired anymore.

'Christine Wright coordinates the TAVI clinic, where prospective patients receive a comprehensive appraisal from a multidisciplinary team, which includes cardiologists, surgeons, physiotherapists, nurses and geriatricians.

'Finding the right patient is the key to its success. Eric was a suitable candidate for TAVI due to his age, clinical symptoms and the size and severity of his aortic valve narrowing,' Christine says.

A/Prof Rob Whitbourn leads the program and is very happy with the results so far. 'We have seen excellent short to medium term outcomes from the program. It has proved to be a safe and effective alternative treatment to surgery, meaning patients such as Eric can keep their independence and quality of life without the risks associated with open heart surgery,' A/Prof Whitbourn says.

Eric couldn't agree more. 'The way I'm feeling, I reckon I'll see 100.'

IMPROVING ACCESS IN THE HEART OF VICTORIA

Heart patients in Shepparton are now being seen locally by a team of visiting St Vincent's cardiologists.

St Vincent's Hospital has partnered with Goulburn Valley Health to set up a heart clinic in Shepparton, meaning patients requiring cardiology care can be seen by one of eight visiting specialists.

Greater Shepparton was recently awarded the unenviable title of most obese region in Australia, meaning there is an important need for greater cardiology services, according to Director of Cardiology A/Prof Andrew MacIsaac.

'Those who are overweight or obese typically have higher cholesterol in their diet, higher blood pressure, and are more likely to have heart disease,' says A/Prof MacIsaac.

'We know cardiovascular disease is more prevalent in rural areas and heart failure has been identified as being particularly prevalent in the Greater Shepparton area.'

Seeing
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greater

'Health wise, body wise, I'm feeling better than I was just a year ago.'

Above: TAVI program coordinator Christine Wright and TAVI recipient Eric Manning have developed a close bond.

SPOTLIGHT ON KITCHEN SERVICES

The Food Services department has led a transformation of the meals offered at St Vincent's over the past two years, developing a delicious, culturally varied menu in collaboration with our patients.

Through consumer feedback forms, patient satisfaction surveys, patient meal taste testing sessions and individual patient complaints, it was identified the old menu was not achieving patient satisfaction requirements or addressing the prevalence of malnutrition in the hospital.

Food Services Manager Stephen Tippet says the new menu has improved patient experience, with patient feedback showing we are outperforming our peers while also improving nutrition standards.

'In designing our new menu, the opinions of culturally and linguistically diverse consumers were specifically sought via surveys conducted with the assistance of Interpreter Services. These results informed the inclusion of a wider range of culturally appropriate meals.'

Internal data showed that 43 per cent of acute patient bed days were occupied by those spending more than 14 days in hospital and a further 20 per cent of acute bed days were occupied by those admitted for over 28 days.

'With this information, we decided to expand the menu from a 14 day cycle to a 28 day cycle, ensuring a nutritionally balanced offering of meal types at each service.'

In total there are 87 different variations of the standard menu across two hot meal services per day in a 28 day menu cycle with three hot meals at each service.

Taste testing sessions were held with representatives from all areas of the hospital (clinical, non-clinical, representatives from offsite locations and from the consumer advisory committee) to ensure palatability and appropriateness. While robust discussions were held around the table, a feedback form was also provided to all participants to gather necessary information and make required improvements.

The project results to date clearly demonstrate these objectives have been met with quality ratings of meals 15.6 per cent above average compared to our peers and 4.4 per cent above average compared to the state. In terms of suitability of hospital food we were 14.4 per cent above our peers and 5 per cent above the state average. Research has demonstrated that improved patient nutrition results in improved patient outcomes including shorter length of stay, reduced complications, mortality and cost savings.

This project has highlighted that with collaboration between consumers, food services and nutrition staff a hospital menu can be designed which not only meets the medical needs of patients but provides food for the soul.

As an added bonus, staff morale, skills and drive for excellence in quality have greatly improved, with staff proud of their work area and regularly holding each other accountable to high standards of food service provision.

Stephen believes the patient meal experience is an essential part of recovery and continued wellbeing.

'It's the little things, the details that really matter. We have to listen to our patients. It's about trust, the patients trust in our ability to provide complete care for each individual.' Stephen remembers a recent case of a young woman who was soon to lose her tongue – and any ability to eat – to cancer. Asked by her family to provide a cake for her birthday, a few days before surgery, Stephen decided that providing a cake was not enough – he wanted to make her favourite meal, lasagne, as well.

'We went down to the shops and handpicked quality organic ingredients. Fresh tomatoes and meat for the lasagne, top quality chocolate and fresh raspberries for the cake,' Stephen said. 'It was all about making this meal as home-like as possible. I wanted to make the best lasagne of my life. It's about providing lasagne when only the cake was asked for.'

Striving for
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OUR PATIENTS REGULARLY COMPLIMENT US:

*'The best hospital
food I've tried.'*

*'I could not ask for
better food or service.
It is FIVE STAR. I used
to worry about going to
a hospital before but now
not a worry in the world.'*

*'Great meals, great
services. Thank you
very very much!
God bless you all.'*

*'Like eating in a
restaurant. Well done!
Beaut meals, tasty
and hot, good to have!'*

The Victorian Healthcare
Experience Survey is Victoria's
new state-wide survey of people's
healthcare experiences and
commenced in April 2014. Our
performance since its inception
tells us we outperform our
peers and the state.

HOW WOULD YOU RATE THE FOOD?

Date range	SVHM	Peer	State
April – June 2014	64.8	41.9	59.6
July – September 2014	63.7	57.5	66
October – December 2014	76.3	58.6	65.9

WAS THE HOSPITAL FOOD SUITABLE FOR YOUR DIETARY NEEDS?

Date range	SVHM	Peer	State
April – June 2014	77.8	50.7	67.3
July – September 2014	74.5	67	72.4
October – December 2014	75.9	67.2	73.3

Below: Food Services Manager
Stephen Tippett.



OUR KITCHEN RULES

St Vincent's kitchen has
recently started rolling out
innovative meals for patients
who have difficulty in swallowing.
These patients have traditionally
been provided pureed meals,
but they looked like a plate with
unrecognisable balls of food.

To make these meals more appealing
and recognisable, the kitchen is now
using specially designed trays to
re-shape the pureed food back to
its original form.

The reshaped food items include
baby carrots, peas, cauliflowers,
lamb chops, chicken, roasted
beef and even fish.

The process of pureeing and
reshaping meals has also given
the kitchen an opportunity to add
a hospital grade fortifier to make
the meals more nutritious. More
importantly for patients who are
having trouble eating, it means
every mouthful is doing them good.

Watch the video:
[youtube/2YXWiJpPaJQ](https://www.youtube.com/watch?v=2YXWiJpPaJQ)



ABORIGINAL HEALTH

PLACING THE ABORIGINAL COMMUNITY AT THE CENTRE OF WHAT WE DO

St Vincent's Aboriginal Health Advisory Committee is the overarching, strategic forum by which we inform and seek feedback from the Aboriginal community about Aboriginal Health matters at St Vincent's.

Co-chaired by Executive Director of Mission, Lisa McDonald and the Victorian Aboriginal Health Service's CEO, Jason King, AHAC is also formed by CEOs from many local Aboriginal organisations. Last year, a decision was made to seek

representation from Elders and/or Respected Others. This year, we welcomed Wurundjeri Elder Auntie Joy Murphy to our committee.

Members of the Aboriginal community attend multiple other committees which guide us in the work that we do. These include the St Vincent's Aboriginal Cardiac Lighthouse Steering Committee, which also includes a Wurundjeri Elder, The Working Together: Health and Wellbeing in Cancer Care for Aboriginal People Advisory Committee and the Aboriginal Graduate Nurse Program Working Group.

In addition, we notify our key partners, VAHS and VACCHO, regarding all new projects and work in Aboriginal Health. We are also developing stronger ties with regional ACCHOs and hospitals with whom we have many shared Aboriginal patients.

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ABORIGINAL AND TORRES STRAIT ISLANDER PATIENT ACTIVITY 2014-15

1,109

INPATIENT ADMISSIONS

882

EMERGENCY DEPARTMENT
PRESENTATIONS

2,231

SPECIALIST CLINICS BOOKINGS

370

OTHER OCCASIONS OF SERVICE

Aboriginal patient data is reviewed annually, to help ensure we are meeting the needs of our patients.

OUR PATIENTS TRAVEL NEAR AND FAR

As part of our ICAP program, Aboriginal patient data is reviewed annually, to help ensure we are meeting the needs of our patients. Recently, as part of the National Heart Foundation's Lighthouse Project, demographic data over 12 months revealed that approximately 40 per cent of the Aboriginal patients who attend St Vincent's for cardiac services come from regional areas. This has reinforced our desire to develop stronger partnerships with regional hospitals and ACCHOs.



RECOGNISING SIGNIFICANT CULTURAL EVENTS

In May, St Vincent's staff were joined by members of the community for a Sorry Day Reflection. Hosted by St Vincent's Aboriginal Celebrations Committee, the event offered an opportunity for guests to reflect on the impacts on past policies, share stories and offer messages of hope for the future.

St Vincent's was once again honoured to hold its annual Reconciliation Week Art Exhibition. Hosted in the Art Gallery, this year saw a wide variety of artworks in display, by the largest number of Aboriginal artists to date.



ST VINCENT'S ABORIGINAL NURSING CADETS PROGRAM

According to the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Aboriginal nursing students are twice as likely not to complete their degree. Two in three enrolled Aboriginal nursing students will not make it to graduation.

St Vincent's offers paid employment to Aboriginal nursing students which is over and above their university requirements. Cadets undertake a total of 40 shifts over the calendar year. During their time, cadets work alongside nurses and 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 also offers cadets the opportunity to have placements in areas which are not commonly accessible during university teaching. These observational placements allow cadets to appreciate nursing in high acuity roles such as Emergency and Theatre and specialist roles such as Nurse Care Coordinators, Stomal Therapists and Aged Care Clinicians. The idea is to be able to expose cadets to the wide array of work within the nursing field and potentially spark some interest for future career paths.

Similarly, the cadets are able to spend observational time with the many hospital departments which are 'behind the scenes', to offer a wide angle view on how the hospital works as a whole. Examples include time in pathology, kitchen services and pharmacy.

We whole heartedly believe in the necessity of a culturally responsive program. For its lifetime, the program has been coordinated by an Aboriginal nurse, offering strengths in both clinical and cultural mentoring. Cadets can also access support from the Coordinator of Aboriginal Projects, Senior Aboriginal Liaison Officer and Nurse Education Centre.

Each cadet is supported extensively in attaining an Indigenous Cadetship Scholarship. Combined with the wages offered through the program, the year-long payment program takes the financial burden away from undertaking other paid work whilst attempting to complete the course.

The placements are tailored to the self-identified learning needs of the cadets. Cadets are also supported in completing their university requirements through paid study days. All Cadets' study leave, flights, accommodation and registration fees are covered to attend the annual CATSINaM conference along with the Cadetships Coordinator.

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

Every final year cadet has successfully been awarded their Bachelor of Nursing degrees. Three current cadets are expected to qualify this year.

'There's a nice community feel here. The bosses are really friendly. If there are any issues or anything we can call them for help and they're always available for us. The Nurse Unit Managers on each ward are really helpful as well. Knowing that there's people here to help us, they're accepting of our culture and they're wanting to promote it for us, it's really reassuring for me.'

CULTURAL TRAINING

St Vincent's 'Building Aboriginal Cultural Safety Training Suite' seeks to offer the greatest amount of training for the greatest number of staff, whilst recognising the specialised training needs of others. The suite includes monthly presentations at staff orientation, the Local Aboriginal Heritage Walking Tour led by Senior Aboriginal Liaison Officer, Michelle Winters, annual presentations at Grand Rounds, individualised presentations to departments, identification training for clerical staff and Aboriginal employment training for units receiving Aboriginal cadets.

IMPROVING ABORIGINAL PATIENT CARE

A number of quality improvement projects are underway which are aiming to improve our hospital's ability to provide high-quality, culturally responsive care. These include projects focussed on cardiac and cancer services.

St Vincent's Aboriginal Cardiac Lighthouse Project has undertaken an extensive work in understanding how we can remove barrier to access to services for Aboriginal patients. Examples include flexible practices regarding bookings and weekly telephone support in the Elective Surgery and the Cardiac Investigation Units, respectively. New booking guidelines for clerical staff are currently being drafted and will be piloted in 2016.

The project is also seeking to improve the provision of health information to Aboriginal patients through new resources and staff training.

St Vincent's Aboriginal Culturally Appropriate Care Policy outlines key expectations in the provision of culturally appropriate care for Aboriginal and Torres Strait Islander patients and covers topics including patient identification, the AHLO service and Cultural protocols such as Mens and Womens Business and Sorry Business.

Right (L–R): Aboriginal Liaison Officers Michelle Winters, Sonya Parsons, Fay Halatanu and Aboriginal Care Coordinator, Kendra Keleher.

ABORIGINAL EMPLOYMENT

St Vincent's has an Aboriginal Employment Plan in place and is committed to supporting a strong Aboriginal workforce. The four key pillars of the plan are:

- Supporting existing Aboriginal staff in their professional development, career growth and cultural needs
- 'Quarantining' existing roles and exploring new positions in line with the needs of the community
- Sustaining existing Aboriginal employment programs
- Creating new job support and readiness programs.

This year, we successfully obtained pilot funding for a new Aboriginal Employment Officer role. This development has been pivotal in helping St Vincent's make steady gains towards our Aboriginal Employment target.

Furthermore, in 2014, we committed internal recurrent funding to employ a third Aboriginal Health Liaison Officer (AHLO). We have also been able to employ our very first Aboriginal Care Coordinator based within the HARP team, offering short-medium term care coordination for complex patients to help bridge the gap between hospital and community services.

This development has been pivotal in helping St Vincent's make steady gains towards our Aboriginal Employment target.



OUR DIVERSE COMMUNITY

At St Vincent's we are committed to provide a high quality health care service which is equally accessible and responsive to the socially, culturally, multi faith and linguistically diverse community it serves.

Culturally responsive care is embedded into our health service. Australia has the highest proportion of overseas born persons in the Western World and the 2011 census has shown that in the state of Victoria 46.8 per cent of Victorians are born overseas or have a parent born overseas. We speak around 290 languages and dialects, practise around 135 faiths and come from over 233 countries. (ABS 2011)

Our patient population at St Vincent's reflects this diversity: 48 per cent of our patients/residents are from a Culturally and Linguistically Diverse (CaLD) background, 1 in 5 of our

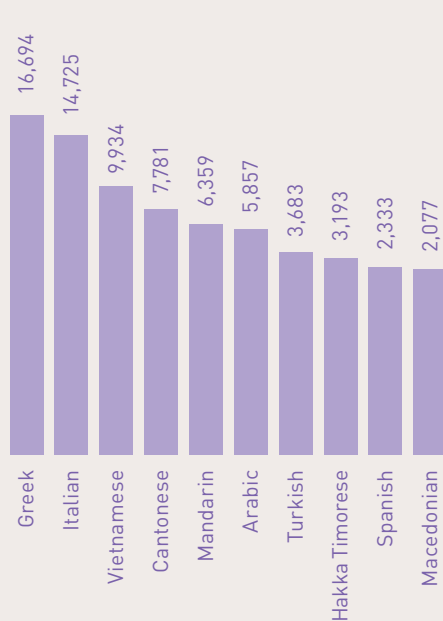
CaLD patients require an interpreter and over 80 different languages are requested annually and 35 faiths are practised. (PAS 2015)

In order to ensure culturally responsive care and the best outcome for all our patients and residents, health care professionals at St Vincent's recognise that culture, language and religion influence the clinical encounter as well as communication with other staff members.

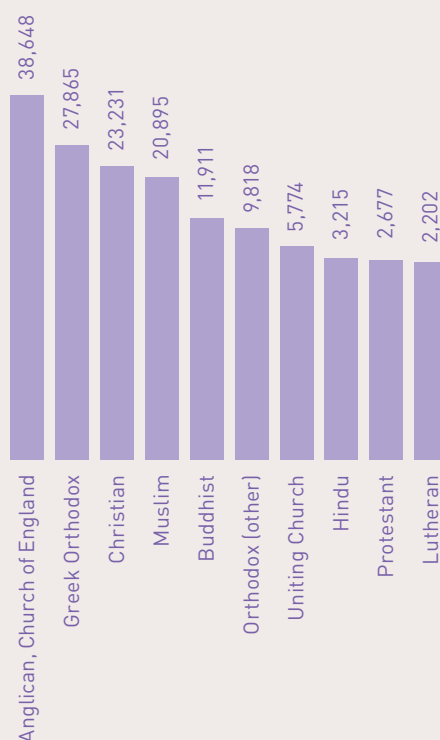
Clinicians have a duty of care to use accredited health interpreting services particularly when discussing critical patient issues such as initial assessment, consent to treatment and follow-up treatment. A significant component in improving the care of patients of a CaLD background also lies in the ability of health care providers to be able to develop cultural awareness, understanding, responsiveness and competence in dealing with CaLD patients.

Striving for something greater

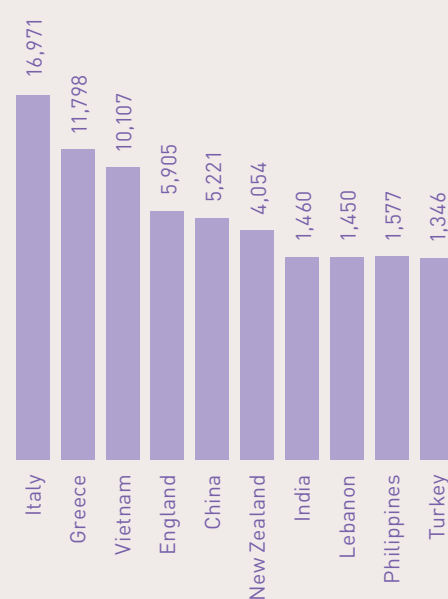
TOP 10 PREFERRED LANGUAGES SPOKEN 2014–15 (OTHER THAN ENGLISH)



TOP 10 FAITHS 2014–15 (OTHER THAN CATHOLIC)



TOP 10 COUNTRIES OF BIRTH 2014–15 (OTHER THAN AUSTRALIA)





STORY OF CUC LAM, VIETNAMESE MIGRANT AND COMMUNITY ADVISORY COMMITTEE MEMBER

Cuc was born and grew up in Tay Ninh in South Vietnam, before moving to Saigon to live with her older sister after her parents passed away.

In May 1978 Cuc escaped from Vietnam with her husband Huu Minh, leaving behind her sister's family. Her sister's attempt to come six months later ended in tragedy with her children drowning. To this day, Cuc still feels much grief, guilt and regret for leaving her sister behind.

Cuc and her husband escaped in a river boat used for transporting fruit and vegetables. The boat was picked up in international waters by a Malaysian ship eight days after their escape. Since arriving in Australia and moving into the Housing Commission

flats in Kensington, Australia has been a safe haven for Cuc from which to work towards many achievements. Over the years, Cuc gained her BA, worked as a New Arrivals teacher and had two other children. Her husband worked as a file clerk at St Vincent's hospital and is now a practising chiropractor. Cuc has continued to support her family back in Vietnam.

Cuc currently works at the Federal Department of Human Services as a Multicultural Services Officer and is also a former Maribyrnong councillor in 2000. This year she joined the St Vincent's Community Advisory Committee as a Consumer Representative from a culturally and linguistically diverse background.

CULTURAL RESPONSIVENESS PLAN 2013 – 2016: OVERVIEW OF ANNUAL ACTIVITIES AND PROCEDURES

Domain 1 Organisational Effectiveness	Standard 1 A whole-of-organisation approach to cultural responsiveness is demonstrated Standard 2 Leadership for cultural responsiveness is demonstrated by the health service	Cultural Diversity Committee (CDC) which includes sponsorship from the Executive Cultural Diversity Policy (2014) Link between the Consumer Advisory Committee (CAC) and the CDC Employment of a Cultural Diversity program Coordinator
Domain 2 Risk management	Standard 3 Accredited interpreters are provided to patients who require one	Provision of in-house Interpreter services in the 5 main languages (Italian, Greek, Vietnamese, Mandarin/Cantonese and Arabic) Regular audit of interpreter services
Domain 3 Consumer participation	Standard 4 Inclusive practice in care planning is demonstrated, including but not limited to: dietary, spiritual, family, attitudinal, and other cultural practices Standard 5 CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis	Census data and statistical collection on CaLD communities CaLD survey Network with CaLD community groups Link between the Consumer Advisory Committee (CAC) and the CDC
Domain 4 Effective workforce	Standard 6 Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness	Comprehensive training program, online training and presentation at orientation Monthly news items Cultural Diversity Week and Refugee Week events Cultural Diversity webpage for staff Cultural consultation Service and Advice

CULTURAL RESPONSIVENESS PLAN: HIGHLIGHTS OF 2014-15

ACCESS TO LANGUAGE SERVICES

The St Vincent's Cultural Responsiveness Plan and the Language Services policy requires St Vincent's to ensure that Culturally and Linguistically Diverse (CALD) patients are able to communicate with their healthcare providers through an interpreter, if required.

St Vincent's Interpreter Services continues to provide both accredited staff and agency interpreters to CaLD patients and clinicians. The range of requested languages this year has risen to 80. While the most requested languages still remain Greek, Vietnamese, Italian, Mandarin, Cantonese and Arabic, there are always requests for languages for patients from the newly arrived migrant and refugee groups for which there are few, if any accredited interpreters.

Interpreter Services focusses on auditing the outpatient Specialist Clinics where the demand for interpreter services is the highest. Auditing this area is therefore an accurate reflection of the effectiveness of the interpreter service in providing interpreters to CaLD patients.

The biannual audits of interpreter services (average of 70 per cent in 2014–2015) measures whether patients who require an interpreter are provided with one. The latest audit was particularly encouraging, meeting 75 per cent of requests.

With each interpreter request for a language spoken by a newly arrived migrant or refugee group we acquire new language and cultural background knowledge to be able to respond and communicate appropriately with each CaLD patient. Some languages, such as Burmese, Haka Chin, Karen, Rohingya, Hazaragi, Kurdish, Tamil and Urdu, in which the number of onsite accredited interpreters is low or non-existent require a more tailored approach to service provision so that communication about health issues is still possible. This may not be an onsite interpreter but an acceptably competent bilingual person as the range of available interpreters in any language is greatly increased by using telephone interpreting as, if unavailable in Victoria, they may be available interstate.

Telephone interpreters also are less likely to be known to a patient and therefore information is more likely to remain impartial and confidential. The use of telephone interpreting at St Vincent's is gradually gaining greater acceptance among clinicians. In the last years, telephone interpreting has increased by 66 per cent.

The telephone interpreting system which was installed in the Specialist Clinics in 2014 provides clinicians with communication options in each consulting room with both speakerphones and dual handsets. This means that both clinicians and patient can use a handset and hear the interpreter clearly. The speakerphone can be used if there are several people in the room who need to participate in the discussion.

TRANSLATIONS REFLECT OUR PATIENT COMMUNITIES

Staff are increasingly aware that patient health information is only effective and useful if patients can understand the content and are also involved in its production. This has led to a concerted effort to write and produce information to meet the health literacy of St Vincent's patient population and by extension, the CaLD population that speaks the top five languages. Guidelines on how to write appropriately for patients with limited health literacy patients need to be followed before a text is accepted for translation. On completion, translations require consumer feedback for readability and clarity of expression and their comments are incorporated into the review of the publication.

A Patient and Clinical Communication Project Working Party (PCCPWP) was established this year to identify the main issues in clinical communication and develop practical tools in a health literacy framework to improve it. These tools are likely to be multi-media to reach the widest range of clinicians possible with practical information. St Vincent's clinicians recognise that effective communication is essential to obtain genuine informed consent to all discussions regarding assessment,

diagnosis and treatment. In a busy clinic or daily ward round where all patients require equitable care, this can be challenging and the PCCPWP hopes to make a big difference in assisting effective communication.

INCLUSIVE PRACTICE IN CARE PLANNING

Our CaLD communities provide us with feedback on projects which helps us ensure that the projects are effective improvements of patient care. For example, while we reported last year on the various easy-to-read translations developed by several of departments, this year we went a step further and asked our patients for feedback about what they thought of this content and whether they found it useful. The Occupational Therapy Home Environment booklet is an illustrative guide with translated captions to all rooms in a dwelling which might need modification to keep a discharged patient safe and living independently. All the patients surveyed thought the booklet was useful as it assisted discussions with the family on planning the return home.

CULTURAL DIVERSITY TRAINING AT ST VINCENT'S REACHES THE 2,000 MARK

In-house face-to-face cultural diversity training at St Vincent's now counts 21 modules which now also includes Culture, Language and difficult conversations; Grief and Stress: Cultural Considerations and Supporting staff of CaLD background (STAR Program). The training statistics have grown from strength to strength in 2015, counting a delivery of over 60 workshops; 829 participants across 29 departments receiving face-to-face training; 840 participants completed the online training module with 229 completing an equivalent You Tube training video and submitting RPL's, in addition to over 500 participants who attended the Orientation session.

MOBILE LANGUAGE APPLICATION: A PILOT PROJECT

At the beginning of this year, financial support was secured through the Catalyst Program to conduct a pilot project around the development of a language app called Talk to Me to assist communication with CaLD patients in the sub-acute medical setting. Talk to me is an application built for iPad to facilitate brief, one-directional, sentence based, low risk clinical instructions in multiple languages other than English. The app focusses on key areas of communication with a preliminary focus on elderly CaLD patients in sub-acute settings. Its features include: 29 topics in 5 main languages. (Greek, Italian, Vietnamese, Mandarin and Arabic); cultural brief on various ethnic communities; a search capacity for topics, sentences and words; direct access to contact details of interpreter services and Capacity to accumulate feedback from end users.

The project was managed by the Cultural Diversity Program Coordinator (Monita Mascitti-Meuter) and the steering committee consists of various stakeholder representatives from St Vincent's Hospital, including Interpreter Services, Speech Pathology, IT, Cambridge House and Mission.

The first version of the app (in Greek only) was successfully trialled at Cambridge House and at Rehabilitation Services between April and July this year. The steering committee is currently undergoing a new application to Catalyst to fund the completion of the project.

Staff are increasingly aware that patient health information is only effective and useful if patients can understand the content and are also involved in its production.



CALD CONSUMER, CARER AND COMMUNITY MEMBERS' INVOLVEMENT

CaLD consumers at St Vincent's provide feedback about services in a culturally appropriate way. While many consumers send thank-you cards and boxes of chocolates to staff, interpreters often receive food and sweets to share. The photo shows the Vietnamese interpreter holding a bunch of bananas brought in by a grateful patient who grew them in their backyard. Every time this patient comes to an appointment, they bring a box of bananas!

CULTURAL DIVERSITY WORKSHOPS 2009–2015

	2009	2010	2011	2012	2013	2014	2015
No. of Participants	339	694	821	1,105	1,278	1,408	2,398
Departments/ Units	15	19	17	17	18	23	29
Number of modules	10	14	15	17	17	18	21
Number of sessions delivered	40	45	54	42	45	55	60

ENHANCING THE CONTINUUM OF CARE

HEALTHPATHWAYS MELBOURNE

HealthPathways Melbourne provides accurate, relevant and evidence-based information on the assessment and management of common clinical conditions, including referral guidance. Specialists at St Vincent's Hospital have been involved in the development to ensure information on clinical conditions and referral pathways is accurate. To date, over 200 pathways have been localised with around 250 health professionals involved in the development.

HealthPathways aims to:

- Enhance clinical knowledge and promote best practice care
- Build collaboration and reduce fragmentation across the health service network
- Encourage more appropriate referrals and build relationships with general practice
- Reduce the number of patients referred to specialist care who could be managed in a primary/community care setting.

DISCHARGE IMPROVEMENT PROJECT – RESIDENTIAL AGED CARE FACILITIES (RACF)

The aim of the Discharge Improvement Project is to ensure that 100 per cent of discharge summaries and Interim Drug Charts are distributed to GPs and RACFs on the same day as discharge. The appropriate and timely distribution of discharge summaries ensures adequate clinical handover including information on medications and follow-up requirements. This would also assist to reduce morbidity and avoid preventable representation to Emergency, admission to the hospital, or other services such as St Vincent's Residential In-Reach.

The project objectives are to:

- Develop, trial and evaluate strategies aimed at improving discharge summary distribution to GPs and RACFs
- Commence on one ward and, if effective including sustained improvement, extend to other wards/units within the hospital.

SPECIALIST CLINICS ACCESS POLICY

St Vincent's Specialist Clinics have reviewed current practices and implemented a number of changes as part of the Department of Health and Human Services Specialist Clinics Access Policy implemented on 1 July 2015.

The policy applies to all non-admitted medical, surgical, allied health and nursing clinics, including CMBS clinics which are recorded in the health services patient record. A new suite of letters were developed to allow effective communication with patients and referring practitioners. Audits were undertaken to ensure all patients are scheduled equitably and fairly, taking clinical needs into consideration. An electronic referral system will be implemented by the end of the year which will assist with referral management.

To date, over 200 pathways have been localised with around 250 health professionals involved in the development.



Seeing
something
greater

ST VINCENT'S IN THE COMMUNITY

'When I was able to tell him that this was all over, the smile on his face, I'll remember that forever.'

Serving
something
greater



THE FREEING OF MICHAEL

Meet Michael. Michael is a 70-year-old man with Huntington's Disease. Every day he likes to walk through the gardens near his nursing home and stop for a coffee in Clifton Hill. A year ago Michael's life was very different. He was transferred to St Vincent's from police cells in Ballarat. It was the first step on a long road to recovery.

'When Michael first came into the care of St Vincent's he had a number of medical problems – he had chest pain and cardiac issues, he had his neurological condition which had been untreated for many years,' says Dr Lauren Sanders, a neurologist who cared for Michael.

Michael spent several months in St Augustine's, a secure ward for people in prison or police custody and, when bail was granted, he went to the neurology ward 10 West. Gradually, his health improved, but Michael needed much more than healthcare. Orphaned as a child, he had been living alone in a caravan in country Victoria, and he was still facing police charges. Staff from across St Vincent's – including pastoral care, nursing, medicine, surgery, and allied health – came together to support Michael. In her own time, Dr Sanders drove to Ballarat, reaching out to Legal Aid, who was representing Michael.

'I think the role St Vincent's had here was the people connection. Everyone involved – the police officers, the lawyers, the magistrate – wanted what was best for Michael, but the system didn't have the capacity to cater for the individual in this context. We were able to be that voice for Michael, to explain his needs in a way that was relatable for the people involved.'

When the charges were dropped, Dr Sanders was the one to deliver the news to Michael.

'When I was able to tell him that this was all over, the smile on his face, I'll remember that forever.'

'I sent an email when I found out and in the title I put 'a win for compassion and justice' because I felt that the whole organisation really got behind Michael as an individual. There was this sense of joy that we really had changed this man's life.'

Michael is now a free man. Not only is his health much better, he's made new friends along the way, including Pastoral Care worker Shaun Dowling, who visited Michael almost every day when he was in hospital, and Bernadette Mundy, the Manager of Briar Terrace, a place of welcome at St Vincent's where people who are socially isolated can stop in for a cup of tea and some company.

Visit our YouTube channel to meet Michael and hear his story:
<http://youtube/8-U0BERZAis>



7

DAYS A WEEK SERVICE
TO RESIDENTS, STAFF AND
GENERAL PRACTITIONERS

100

REFERRALS A MONTH
FROM AGED-CARE
RESIDENTIAL FACILITIES

86%

OF PATIENTS SEEN BY RIR
ARE ABLE TO REMAIN AT
THEIR FACILITY AND AVOID
PRESENTATION TO ED

‘Their support for patients, families and health professionals is invaluable. Best of all, the patients get the best care in the best environment.’

PROVIDING RESIDENTIAL IN-REACH

It is well documented that transporting frail, elderly residents to busy and noisy emergency departments exposes them to distress, delirium and potential falls. St Vincent’s has developed a residential in-reach program to rescue emergency department presentation from residential aged care residents.

Residential In-Reach (RIR) provides rapid response outreach clinical nursing and medical support to aged care residents within their home environment. Since its inception, RIR’s exceptional patient-centred care has seen it grow to provide a seven day a week service to residents, staff and general practitioners.

RIR receives almost 100 referrals a month from aged-care residential facilities, for things such as confusion, dehydration, malfunctioning devices (e.g. catheters, PEGs), chest infections, functional decline, and end of life care. 86 per cent of patients seen by RIR are able to remain at their facility and avoid presentation to ED.

RIR Team Leader Darren Gaut says feedback has shown that GPs, staff, patients and families all find the service very valuable.

‘RIR offers cost-effective, right care at the right time in the right place, for patients and their families, whilst alleviating unnecessary hospital demand,’ Darren says.

When asked what they would have done if RIR were not able to attend, some aged care staff said they would attempt to contact a locum doctor (who were often not available) but most said they would call an ambulance for transfer to hospital.

Director of St Vincent’s Emergency Department, Dr Andrew Walby, agrees. ‘I don’t know how we functioned in the days before RIR. Their support for patients, families and health professionals is invaluable. Best of all, the patients get the best care in the best environment.’

The RIR program is now part of a state-wide Victorian Department of Health and Human Services (DHHS) initiative. Recent collaboration with Medicare Locals and the DHHS has seen the RIR model expanded to include clinical after-hours and weekend services, and a capacity building education program to enable aged care facilities to support their residents in their own home environment.

Recent collaboration with St Vincent’s Foundation has seen the grant of a bladder scanner to continue to grow RIR’s scope of practice and services.



SERVICE IMPROVEMENTS AND REDESIGN



Striving for something greater

Left: Senior Cardiothoracic Physiotherapist Laura Harrap with St Vincent's cardiac patient.

REDUCING CARDIAC LENGTH OF STAY

St Vincent's provides excellence in cardiac surgery to patients from across rural Victoria and to those disadvantaged or vulnerable. Following surgery, patients may stay in hospital for a number of days, depending on a patient's medical stability and coordinated discharge planning.

Data showed that the average length of stay following elective cardiac surgery at St Vincent's was 11.1 days compared to the Victorian hospital average of 10.4 days (ANZSCTS data July 2013–2014). A redesign project to reduce post-operative length of stay to 10.0 days has exceeded expectations, showing a reduction of 19 per cent to nine days following surgery.

Laura Harrap, senior cardiothoracic physiotherapist, took on the challenges of reducing length of stay as part of the Redesigning Hospital Care Program, supported by the DHHS. Laura found a number of factors placed a barrier to discharge.

'The project aimed to develop and implement a simple tool to target discharge planning at the pre-admission stage, allowing early identification of patients who had complex social situations. This would then initiate intervention and support for these vulnerable people prior to surgery.'

Central to improving the discharge planning of elective cardiac surgery patients was the development of the Admission to Discharge Assessment Planning Tool (ADAPT).

The ADAPT details a patient's social situation, carer support post operation, transportation home from hospital and any anticipated allied health referrals specific to the patient. It enables clear communication of expectations to patients and families and empowers them to be directly involved in their discharge planning. The tool is completed by the pre-admission nurse and requires the signature of the patient to foster accountability and demonstrate understanding for their post-operative care.

In order to improve communication between staff and patients, the medical team nominated an estimated discharge date in consultation with the patient during the ward round. This date was then entered into the electronic

patient journey board by the nursing staff to allow consistency of discharge planning between the multidisciplinary team members.

This tool has helped all staff identify complex patients and plan for their trip home from hospital. The smooth discharge of patients equates to over 400 bed days saved creating increased patient access for cardiothoracic beds and has potential cost savings of \$1.2 million.

Laura says that both staff and patients have found the new process helpful and informative. 'In a recent patient survey, 29 per cent of patients strongly agreed and 71 per cent of patients agreed that they feel more prepared and confident to be going home on their designated day of discharge.'

All patients agreed that expectations were made clear about their discharge plan including destination and support options during the post-operative period. When asked if they would recommend St Vincent's for cardiac surgery, 90 per cent of patients recorded 10/10 which is a reflection of the excellent care provided to these patients.

Given the overwhelming positive feedback received from staff, the ADAPT is now being incorporated into the cardiac surgery clinical pathway.

OH WHAT A FEELING; EXPERT GUIDANCE IN CONTINUOUS IMPROVEMENT

In an Australian first, St Vincent's and Toyota Australia have teamed up to find ways to streamline work processes and improve the healthcare experience.

The Toyota Way, which revolutionised manufacturing worldwide, has been successfully applied to many different sectors, including healthcare. It's a highly collaborative process that's based on the world-renowned Toyota Production System, which introduced an approach known as 'lean thinking'.

The Cancer Centre is the second department to employ the Toyota Way, following on from Correctional Pharmacy. The Cancer Centre conducts 5,500 clinic appointments and 5,000 treatment sessions each year through the Outpatient Cancer Clinics and Chemotherapy Day Unit.

According to Cancer Services Manager Lesa Stewart the goal was to reduce patient waiting time so that they could spend less time in hospital and more time at home with their loved ones.

'We already knew that our patients were waiting for prolonged periods sometimes up to two or three hours. The cancer centre waiting room was full and patients were often asking when would they be seen,' Lesa says.

After undertaking 'dojo' training in lean thinking, the first task was to map out the patient journey flow, from when patients enter to when they leave and all the inputs along the way. This was done in a multidisciplinary group through two months of two to three hour workshops each week.

'After looking at the patient flow we identified the inefficiencies and waste items, and found 85 key items that we could potentially improve upon.'

From this we grouped the items into three main themes – clinic bookings and treatment scheduling, scripts and authorisation and communication. A three day workshop was held for each theme in which over 172 improvement ideas were recognised.

'We had no patient booking system for the patient treatments. The patients who required a short period of treatment were waiting behind some patients who required up to four hours of treatment.'

'We developed chemotherapy booking rules and an outlook treatment booking system which allowed all staff to understand workflow and better schedule our patients.'

Lesa says the team has already seen results. 'The average waiting time for patients has been reduced from 33 minutes down to 10 minutes, and the percentage of patients seen in less than 15 minutes has increased from 45 per cent to 81 per cent.'

'Our administration staff are so much happier,' Lesa says. 'They have actually taken on a lot more work and through this process but they are not under undue pressure as they have managed to level their workload.'

'As for our nursing staff, they now have more time to spend with their patients. We also recently had the oncologists wondering if they weren't seeing as many patients in clinic but on review they are actually seeing the same amount. It is just so calm and controlled. It's just a product of a well-run clinic.'

3 key improvements:

- Chemotherapy booking rules
- Treatment booking system
- Patient passport



IN THE WORDS OF OUR PATIENTS:

'Where is everyone, am I the only patient?'

'I don't wait long enough to start a crossword puzzle, it's so quick now.'





HOW IS 7 EAST DOING?

89 to 35
INTERRUPTIONS PER SHIFT

67% to 80%
AVERAGE INTAKE
OF PATIENT MEALS

80% to 90%
AMOUNT OF ASSISTANCE
FOR PATIENTS

33% to 13%
FASTING PATIENTS AT
BREAKFAST FROM

RETURNING MORE TIME TO PATIENT CARE

It's not uncommon across the health sector for nursing staff to spend only 30 per cent of their time working directly with patients.

The Productive Series Program including the Productive Ward, the Productive Operating Theatre and the Productive Mental Health Ward is a licensed framework designed by the National Health Service (NHS). It is an initiative that focusses on improving ward/unit processes and environments to help health professionals spend more time with their patients.

Four pilot areas including 7 East, Rehabilitation Fitzroy, Mental Health's Acute Inpatient Services and the Operating Theatre teams have been working through the Productive Series programs over the last two years. This year, the Productive Ward has been rolled out to a further 22 inpatient areas across our hospital.

The core aim of the program is to 'release time to care' – that is, to maximise workplace efficiency in order to spend more time in direct contact with patients. The success of the Productive Series program lies in the engagement and capability of ward teams and their use of data.

Sue White, Nurse Unit Manager in 7 East, believes the Productive Ward model has empowered her team to work together, transforming her ward to a place of increased calm and more dignified care.

'We very much hit the ground running as we led the Productive Ward at St Vincent's and we're delighted to have doubled our direct patient care in such a short time.'

Staff members were observed and their actions recorded (an 'activity follow') across an eight hour shift, building a profile of how time is spent in each area and how many interruptions they experience. It's unsurprising that clinical handover and other discussions, medication management, administration or simply getting from point A to B tend to account for a significant portion of staff time.

While these tasks are essential, Productive Series helps identify areas that may be taking up a disproportionate amount of time. Simple changes to practice or how the physical environment is organised can help.

Sue says that an 'activity follow' on 7 East revealed that up to 10 per cent of a nurse's time, or 51 minutes across a shift, is spent on activities relating to medication management. The team reduced this time by re-organising their medication room, minimising clutter and making medications easier to find.

Weekly Huddles in front of the ward's 'Knowing How We're Doing Board' have replaced ward meetings.

'This is our quality system where we discuss our statistics, our results, our goals, our mistakes, our standards of care and work towards the best possible solutions and outcomes.'

'The conversations are high level, positive, dynamic and contributed to by all disciplines and all levels of staff. The Weekly Huddle has turned out to be one of our greatest success stories.'

With the help of the Redesign team, 7 East have tailored the program to suit their patients and environment.

'Our newly branded 'mid-shift muddle' has evolved due to the success of the huddle and is one of our newest additions. The team gathers together at the Electronic Patient Journey Board mid shift, to briefly chat about what we are up to.'

'This decreases interruptions, maps out the remainder of the shift, in a controlled and supportive environment. The staff love this process, in particular junior or visiting nursing staff who appreciate the guidance and confidence gained throughout their shift.'

'What started as a project and a novelty, became a challenge which required persistence and strength, and it is now a way of life. We have been lean, removed waste, broken down barriers, examined our layout, changed our processes and re-invested that time into improving patient safety and experience, staff wellbeing and efficiencies in care.'

Above: Nurse Unit Manager Sue White at 7 East's 'Knowing how we're doing' board.

FOCUS ON MENTAL HEALTH

PEER SUPPORT IN MENTAL HEALTH

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

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

The peer support workers' own experiences of mental illness makes their contribution unique and invaluable. By listening and offering encouragement they help patients cope not just with their condition, but any social and emotional barriers they may be encountering.

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

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

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

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

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

Louise says patients' feedback has always been positive.

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

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

Both Louise and Liam feel a huge sense of achievement for the part they've played in helping patients making a full recovery.

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



A NEW SERVICE FOR MENTAL HEALTH IN NORTH FITZROY

Victorian Minister for Mental Health Martin Foley officially launched the North Fitzroy Prevention and Recovery Care (PARC) at a blessing and ribbon cutting ceremony in September.

PARC, a joint service of St Vincent's Hospital and MI Fellowship, is a 10-bedroom facility that provides short-term residential support for people with a mental illness.

The service provides 'step-up or step-down' mental health care for people who need live-in short-term support to get them through a difficult patch or to assist with getting back to living independently in their home. The service can help prevent people from requiring a hospital admission or offer some additional support for people discharged from hospital.

The St Vincent's Manager of Mental Health, Bridget Organ, says the PARC provides an important window of opportunity to connect people to supports in the community.

'PARC not only offers excellent healthcare, but also provides people with a warm and welcoming environment in which to grow a stronger sense of understanding and empowerment about their health and wellbeing,' Bridget said.

'In the big picture of their lives, our role is perhaps small, but we hope that it is powerful – that the understanding, compassion and care they receive at PARC gives them a chance at a different future.'

MENTAL HEALTH SECLUSION RATES	TARGET	ACTUAL 2014-15
Mental Health 28 day readmission rate – percentage	14	12
Adult Mental Health Post-discharge follow-up rate – percentage	75	89
Adult Mental Health Seclusion rate per occupied bed days	<15/1,000	6/1,000

CLINICAL RESEARCH ADVANCES

MELBOURNE PROFESSOR SWIMMING WITH SHARKS

In an international Shark Tank, one Melbourne Professor with a Power Point presentation and a killer argument beat some of the best in the U.S., in a battle for research funding.

Professor Mark Cook trounced teams of researchers from prestigious American universities such as M.I.T., in a cut throat session to win funds for epilepsy research. Run by the Epilepsy Foundation of America, the Shark Tank pitches experts against each other in a public forum, where they argue the merits of their research ideas.

'It was a David and Goliath battle' Prof Cook said, 'Some of the others had highly produced video graphics. I had a Power Point!'

The Shark Tank was to fund the most innovative ideas for anti-epileptic drug or device trials.

The best ideas were chosen for funding via live voting by conference attendees and a panel of judges (Sharks) representing physicians, scientists, industry investors and people with epilepsy. Each vote was worth U.S.\$25,000.

The competition ran in two rounds – each team had five minutes to present their research idea to the forum, another five minutes to answer questions, and were then invited back to give a one-sentence pitch.

Professor Cook, the Director of Neurology at St Vincent's Hospital Melbourne, and the Chair of Medicine at Melbourne University, is one of Australia's most eminent neurologists, with an international reputation for epilepsy research.

'Two-hundred thousand dollars was up for grabs' he said, 'I am pretty sure I sealed it with my final sentence – it was roughly \$6,000 per word.'

Prof Cook's pitch was sharp and pithy: 'Our project can do everything these others can, but we really need the money.'


Prof Cook heads a team of ten which has developed a device which can be inserted under the skin behind the ear, to detect and potentially prevent epileptic seizures. The pitch was to fund clinical trials of the device.

More than 60 million people worldwide have epilepsy, 400,000 of them in Australia.

Because the seizures may be every week or month, it's often hard to make a diagnosis. Many people get an incorrect diagnosis of epilepsy as a result, and the cost of this misdiagnosis is estimated at \$2-4 Billion dollars annually in the U.S. alone! Patients are often unaware of their seizures, making treatment difficult, and sometimes leading to injuries. As well it is hard to accurately determine if new medical treatments are working, making development of new medications a very slow process.

Striving for
something
greater



A portrait of Dr Claudia Marck, a woman with long dark hair, smiling. She is wearing a blue top and a necklace with a small pendant. The background is a blurred hospital setting.

‘The joint research undertaken at St Vincent’s has certainly improved the communication between the ED and palliative care teams.’

PROVIDING A COMPASSIONATE ALTERNATIVE TO ED FOR PALLIATIVE CARE PATIENTS

Around 90 per cent of patients with cancer who present to the Emergency Department (ED) will be admitted to hospital. Often there is a wait for a bed, making such a presentation a stressful experience.

Dr Claudia Marck, research fellow at the Emergency Practice Innovation Centre at St Vincent’s Hospital is looking at ways to improve the experience for palliative patients and their families.

Dr Marck collated feedback from patients with advanced cancer about their experience in the emergency department which highlighted a need for expanded services within the ED.

‘They would view the ED as a safety net, a last resort,’ she says. ‘They would come to access an oncologist or palliative care. The ED is often not a great place to be for patients who are close to the end of life, especially in the middle of the night because there are a lot of other patients around, and some can be drug or alcohol affected.’

Dr Marck interviewed emergency clinicians, oncologists and palliative care physicians and nurses in hospital and in the community to work out better pathways of care.

Dr Marck was part of a research team conducting focus groups and interviews with clinicians locally as well as overseeing a large national survey with ED clinicians many of whom, she says, were frustrated because they were limited in the way they could care for the patient.

Several possibilities have emerged: one is having a palliative care physician in the ED more regularly. Another is breaking down the roadblocks to patient information. She says more effective communication between different departments in the hospital would help to deliver smoother treatment.

Also the more frequent use of advanced care planning for people facing a potentially life-limiting illness was suggested by clinicians involved in the research.

She says the research conducted with specialists in palliative care, emergency medicine and oncology led to a better understanding of the difficulties for those jointly caring for a patient with advanced cancer who presents to the emergency department with new symptoms or exacerbations of existing symptoms.

‘One of the main outcomes of the research was that communication between the departments needed to improve for better, more efficient care for patients.’

‘The joint research undertaken at St Vincent’s has certainly improved the communication between the ED and palliative care teams in our own hospital, leading to better care of patients with cancer presenting to the emergency department. Emergency clinicians in our hospital can benefit from a 24/7 palliative care specialist consult particularly when it comes to complex pain management for instance, but our results showed that this was not known to many clinicians in ED.’

‘Many patients with advanced cancer will present to our Emergency Department for complex and severe pain, and this can be treated better and quicker with the help of this consult service. The presentations of palliative care specialists during Emergency Department staff meetings has improved the use of this palliative care service and the communication between these departments in general.’

SPOTLIGHT ON VOLUNTEERS



St Vincent's volunteers truly reflect our organisational values of compassion, justice, integrity and excellence. They give their time freely and are an integral part of the St Vincent's family. Across eleven St Vincent's sites, more than 280 volunteers have dedicated over 36,000 hours in the 12 months ending June 2015.

In 2015, St Vincent's award winning Angel program was amalgamated with our Forget Me Not program. This program is now able to offer cognitively impaired patients the ability to do tailored, meaningful activities at the bedside, giving them a sense of self-worth. This combines with the ability of volunteers to be able to provide meals assistance for the patient, ensuring their emotional and physical needs are being enhanced by our program.

The Volunteer Services Department has developed a specific student volunteer program which is named the 'Spirit of Life' program. Older Australians can sometimes feel isolated in a clinical environment. A simple visit by a young student volunteer can engage their thoughts, stimulate their memories and make their day so much more enjoyable.

The program uses secondary school students, through one of four different types of methods, to engage patients by the bedside. Music, laughter, beauty therapy and armchair travel are all offered to patients, with each visit tailored to the individual. Telling a joke, offering a hand massage or playing a patient's favourite piano piece can create a wonderful interaction between the generations. In turn, our young volunteers learn so much from their elderly patients that the benefits go in both directions.

This program brings different generations together, allows shared experiences and creates wonderful, spirited interactions that transcend age, time and health.

During 2015, the Volunteer Services Department had two volunteers that received outstanding volunteer awards. Nopporn Ganthavee, a musical volunteer who visits Auburn House, Prague House and St George's received the 2015 Boroondara Young Citizen of the Year Award, for her outstanding contribution to her local community. She was recognised at an Australia Day Awards ceremony.

Jenny Veevers, our first ever Caritas Christi Hospice volunteer was also recognised and awarded a 'Senior Achiever Award' at the Victorian Senior of the Year Awards ceremony at Government House. Jenny with over three decades of outstanding palliative care volunteering is an inspiration to us all and an exceptionally worthy winner of this very prestigious award.

Above: Marg Kleeman used to be a nurse and has been our volunteer for nearly three years – Bertie is her canine companion.

'As a program, it embodies the mission of St Vincent's in the sense that nobody is discriminated against and that is part of our ethos.'

MAN'S BEST FRIEND MAKING A DIFFERENCE

St Vincent's pet therapy program is one of many services provided to patients and residents by our volunteers. In the program, volunteers and their therapy dogs (trained to provide affection and comfort to patients and residents) pay friendly visits to patients and residents receiving our palliative care, residential care, rehab and aged care services.

It's a program that started 15 years ago and has proven to be a great way of lifting the spirits of our patients and helping to alleviate their anxiety, depression, social isolation and communication difficulties.

Marg Kleeman, a retired nurse, is one of the volunteers. She says the effect the pets have on patients is almost instantaneous.

'You can just see the difference in demeanour of the patients as soon as they see a dog.'

The manager of our Volunteer Services, Judy Clover, says the pet therapy program offers a gift of love and acceptance to all, without judgement.

'As a program, it embodies the mission of St Vincent's in the sense that nobody is discriminated against and that is part of our ethos,' she said.

'When you walk on to a ward, there is a mood of bustling and business... and you take a dog on and it just cuts right through that mood and both staff and patients respond to the dog and everybody smiles. It's lovely.'



Tremendous therapy system, and I enjoyed your photos and stories of the dogs and volunteers in action. Congratulations!!

–Barry Sheales

See more of the cute pooches from our Pet Therapy program at <http://ow.ly/Tt1LR>

BENCHMARKING QUALITY AND SAFETY

PATIENT FEEDBACK

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

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

SVHA PATIENT EXPERIENCE SURVEY

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

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

The report also helps St Vincent's track performance over time and compare results to similar hospitals both in Australia and in the United States of America. St Vincent's level of patient satisfaction is generally on par or higher when compared to other hospitals in the data base.

The report has identified that 76.1 per cent of patients who participated in the survey would definitely recommend St Vincent's to friends and family as a hospital to receive health care.

VICTORIAN HEALTH EXPERIENCE SURVEY (VHES)

In 2014 St Vincent's commenced participation in the Department of Health and Human Services' Victorian Health Experience Survey.

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

VICTORIAN HEALTH EXPERIENCE SURVEY

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

% who said good or very good

St Vincent's	96%
Peers	93%
State	92%

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

% who said good or very good

St Vincent's	99%
Peers	75%
State	89%



PROVIDING FEEDBACK

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

St Vincent's has a formal process for recording and following up patient complaints, compliments and suggestions. The patient admission pack and information at each bed side explains how to provide formal feedback. Patient representative officers ensure all feedback is followed up appropriately and in a timely manner. Complaints, compliments and suggestions can be addressed to:

Patient Representative Officer
PO Box 2900
Fitzroy Vic 3065

SVHM PATIENT EXPERIENCE SURVEY

The SVHM Patient Experience Surveys are conducted by volunteers at the patient's bed side together with Nurse Unit Managers (NUMs). The survey consists of 10 questions that require direct responses from consumers or carers and allows for additional free text comments.

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

The results of the latest report show areas for improvement include patient dignity and privacy and medical and clinical staff communication. Excellent results are noted regarding the provision of reassurance upon admission and nursing care.

Do the medical staff caring for you explain things in a way you can understand?

Always	79.6%
Sometimes	17.9%
Never	2.5%

Do the nursing staff caring for you explain things in a way you can understand?

Always	88.3%
Sometimes	9.6%
Never	2.1%

Do the clinical staff listen carefully to you?

Always	80.5%
Sometimes	16.5%
Never	3.0%

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

Yes	93.5%
No	6.5%

Do you feel that you are being treated with dignity and respect?

Always	89.6%
Sometimes	9.6%
Never	0.8%

Would you recommend this health service to your family and friends?

Yes	95.0%
No	5.0%

ADDRESSING COMPLAINTS

St Vincent's introduced the Victorian Health Incident Management System (VHIMS) in 2010. VHIMS is used by all Victorian State Government-funded hospitals and will allow hospitals to compare their complaint themes and to learn from each other. All patient information is de-identified to ensure patient confidentiality. The number of complaints has remained relatively stable from the previous year, which confirms that patients can access the complaints system easily and that they have the confidence that their complaint will be managed in a fair and equitable manner.

The greatest number of complaints received in the past 12 months related to the 'clinical communication' and 'treatment' categories. When this data was analysed, it demonstrated that patients did not understand the information that was being provided to them. In order to improve this performance, St Vincent's has embarked on a Patient-Centred care model.

CHANGES AS A RESULT OF COMPLAINTS RECEIVED

Exceptional patient care remains central to St Vincent's. Ensuring that information is communicated to patients in a clear language is important. All St Vincent's produced patient information undergoes a review by consumers before going to final print. This ensures that the information is clearly understood. Some of this information is produced in the key languages that are used by patients. Where a patient speaks a language other than the available translations, patients have access to interpreters 24 hours a day who speak their first language.

PATIENT COMPLAINTS RECEIVED IN 2014-15

The total number of patient complaints received between 1 July 2014 and 30 June 2015 was 402, compared to 586 in the previous 12 months.

Clinical Communication	38.6%
Treatment	26%
Corporate services/ environment	21%
Access	9.4%
Rights	1.4%
Cost	1.3%
Privacy	1.6%
Complaints management	0.7%

MEDICATION SAFETY

Medications are commonly used in the community and administered to nearly 100 per cent of our patients during their hospital admission. A key part of patient safety is ensuring there is a smooth transition in medicine use between the community and the hospital. The two most important times to check the list of medicines is at admission to hospital and then again at discharge. St Vincent's has some great systems in place to ensure medication safety.

ENSURING WE KNOW YOUR MEDICATION HISTORY

A medication history is the list of medicines a patient has recently been taking in the community. When a patient comes into hospital, St Vincent's staff will ask questions about the tablets, capsules, mixtures, eye-drops, creams, sprays and patches that patients may be using. It is important to get the best possible list of the names of these medicines, the strengths and the doses. It can be dangerous to abruptly stop some medicines, so for most medicines, a good medication history ensures these medications will continue to be administered during a patient's hospital stay. In some cases, it may be important to make changes to regular medications, including sometimes stopping the medicine for a short time or ceasing it completely. Doctors may also make different choices about the right medicines to prescribe as a result of a patient's medication history.

For elective surgery patients, the medication history is obtained before the hospital admission. Often, a simple list of medicines can be provided by patients in the paperwork which is returned to the hospital before surgery. St Vincent's staff verify this information on the day of surgery. For patients with more complex requirements, St Vincent's has a Pre-Admission Clinic, where the medication history can be discussed with a nurse prior to the day of surgery. Some patients require changes to their regular medicines before coming in for surgery and St Vincent's provides a physician-led Peri-Operative Clinic which specialises in medication management before surgery. Many patients who attend Peri-Operative Clinic are medically managed for cardio-respiratory disease and also commonly present with other disorders such as endocrine and haematological conditions that require careful management to optimise their post-operative recovery.

HOW WE USE YOUR MEDICATION HISTORY

In late 2014, St Vincent's implemented the Medication Management Plan. The Medication Management Plan is a form developed by the Australian Commission on Safety and Quality in Healthcare to facilitate the collection of a best possible medication history at admission to hospital. St Vincent's has used a similar tool for a number of years, but the Medication Management Plan has some advantages.

Once the medication history is documented on the Medication Management Plan, our pharmacists check that the medicines prescribed in hospital are consistent with the medicines patients were taking in the community and also that these medicines are appropriate with respect to the reason for the hospital admission. These checks to ensure the medicines a patient is prescribed are consistent with those medicines the patient should be taking is known as 'reconciliation'. Doctors and nurses are also involved in the process of medication reconciliation. The Medication Management plan supports good reconciliation of medicines, and Pharmacy routinely audit the rates of reconciliation.

MEDICINES INFORMATION AT DISCHARGE

The Medication Management Plan can also be used to keep track of changes to medications during a patient's stay in hospital. At the end of the admission, when the patient is being discharged back into the community, St Vincent's staff can use the information written on the Medication Management Plan to prepare a comprehensive printed list of medicines that patients and carers can take home.

We regularly check that patients are receiving good medicines information during their hospital stay and at discharge. An audit conducted in early 2015 showed that two thirds of patients interviewed stated that they had received some form of medicines information. Information provided during the stay came mostly from doctors and nurses, and at discharge, pharmacists provided most of the information. Most patients found the medicines information easy to understand.

At discharge, it is important to provide clear information about what medicines to take and how to take them. The Medication Management Plan is used to prepare a comprehensive printed list of medicines which is provided to patients at discharge. This list includes any changes which may have occurred during the admission.

Staff understand that patients benefit from counselling about their medicines at discharge. Over the last few years, Pharmacy has changed the systems on the weekends to ensure that all patients receive the support they need, and improvements have ensured that patients discharged on a Saturday and Sunday are now receiving better medicines support than ever before.

FALLS

Whilst every effort is made to keep people safe during their hospital stay, there are many factors which can lead to a fall and subsequent injury. Regular review of our auditing data demonstrates that around 50 per cent of all admitted patients have at least one risk factor for a fall.

With this in mind, we continue to educate staff, consumers and families in ways to stay safe in hospital. All of our clinicians are required to complete compulsory Falls and Balance training online and we currently have 90 per cent completion rate. In addition we run various forums and lectures throughout the year to highlight the risk factors and best practice interventions. Our annual 'April No Falls expo' is always a highlight and attracted a large number of participants again this year.

BATHROOM SIGNAGE

During 2015, St Vincent's installed signage in all patient bathrooms which delivers simple safety messages in the top languages spoken in the patient community. While the message is simple, we know from speaking with patients and families that often they do not want to 'burden' a busy nurse or staff member to ask for help. Patients who can normally manage at home also want to stay as independent as possible in hospital. However serious falls do occur in hospital bathrooms, and it is important that patients know that SVHM takes their safety seriously.

Language cards have been developed to deliver a similar message to patients from diverse language backgrounds. So far, the language cards have been developed in Italian, Greek, Simplified Chinese and Vietnamese. There is also an English version.

OTHER STRATEGIES IMPLEMENTED DURING 2014–15

- A revised falls assessment process and form was introduced, which has improved the identification of patients at risk of falls from 70–80 per cent, resulting in more patients with risk factors receiving comprehensive falls prevention planning. Other improvements to the assessment process included the addition of factors that contribute to a person's risk of a serious injury from a fall. The aim is to ensure the most vulnerable patients receive extra attention and safety measures.
- Improved review of medication regimens for patients at risk of falls. This has been done by introducing a falls alert sticker for medication charts for those who are at high risk or require particular attention be paid to their medications. We also plan to offer sleep packs for patients experiencing difficulty sleeping in hospital to help avoid potentially harmful sedatives that may contribute to falls risk.
- Multidisciplinary review of transition care – hospital based unit (Ellerslie Unit). A team of senior clinical staff reviewed the Ellerslie Unit environment, staffing models and processes to identify ways to reduce falls. An action plan was developed and continues to progress. Data so far, illustrated below, indicates that the changes made have improved safety for this highly vulnerable population.

FALLS PROJECT WORKING GROUP

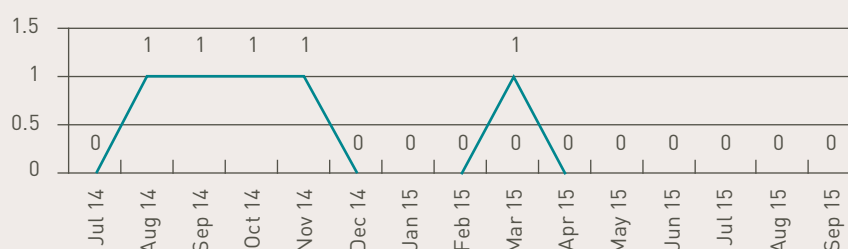
Every time a patient sustains an injury such as a fracture from a fall, the team reviews the circumstances in detail. These reviews are considered by SVHM's Falls Project Working Group (PWG) and at times reveal ways that our processes or equipment resourcing can be improved. The Falls PWG ensures that every 'lesson' is taken on and shared broadly across the organisation. Examples of system improvements include:

- Upgrading some of the bathroom layout and flooring
- Changing processes for storing patient luggage from day procedures
- Identifying patients at risk of bleeding and putting in strategies from Day 1 of admission.

FALLS AND BALANCE CLINIC

A Falls and Balance Clinic is run at St George's Health Service. The clinic operates on a Wednesday morning and there is no fee charged to patients who attend. The assessment is a once off assessment by a geriatrician, physiotherapist, occupational therapist and podiatrist who provide an ongoing plan for follow up in the community.

ELLERSLIE FALLS RESULTING IN SERIOUS HARM JULY 2014–SEPTEMBER 2015

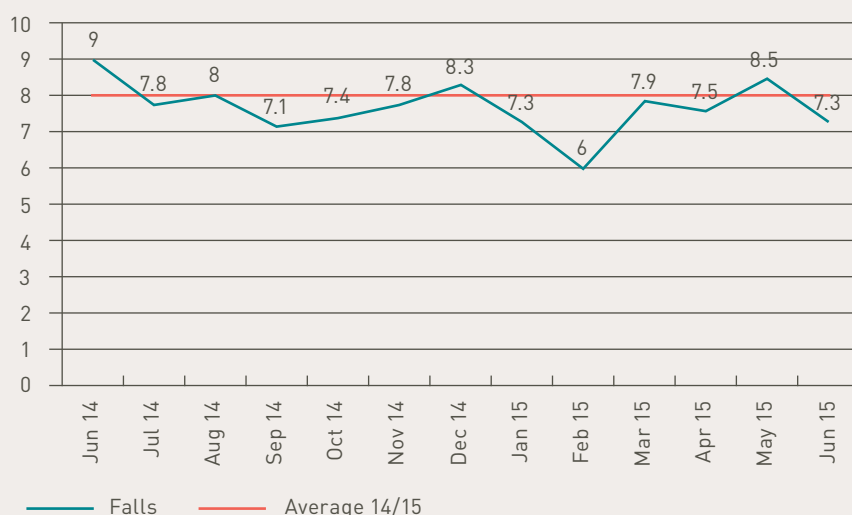




HAVE OUR STRATEGIES BEEN WORKING?

The actions outlined complement a falls prevention program at SVHM that is based on Best Practice and complies with National Standard 10 (Preventing Falls and Harm from Falls). Our efforts were recently acknowledged by a team of ACHS surveyors who reviewed in detail our processes and considered all aspects of the National Standard 10 to be met.

The graph to the right represents a reduction in the overall falls rate (per 1000 occupied bed days) at SVHM compared to the average for the previous year.



PILLS AND SPILLS

One of the most common factors that contribute to falls is the use of multiple medications. Some medications in particular have a direct relationship with causing dizziness or gait disturbances that can then cause you to fall. In hospital, a pharmacist will review medications to ensure that they are right for the patient

What can patients do?

- Bring all medications into hospital so that staff are aware of exactly what is been taken
- Ask a GP to consider the medication regimen if it's been a while since this has been done. Some medication increases risk of falling and may be able to be reduced in dose or ceased altogether
- Ask a GP to check Vitamin D levels. Vitamin D is vital for muscle strength and function which can in turn help prevent falls
- Avoid using sedative medication. Try some herbal tea or relaxation techniques to help sleep. The effects of sedative medications can last longer than required and may cause patients to feel drowsy
- Consider taking any diuretic medication early in the day so that they do not have to get up overnight more than necessary.



CASE STUDY

An elderly patient in a subacute ward had a fall in the bathroom after washing their hands at the sink.

The patient had been assessed by a physiotherapist as being independent with a frame during the day, and requiring some supervision at night time when the lighting was poorer. The fall caused the patient to hit their head on the sink and injure their hip. An ambulance was called and took the patient to an acute hospital where a fractured hip was diagnosed. The patient attended theatre to have the fracture repaired.

On review of this fall it was noted that the floor had been wet following hand washing, and that this contributed to the fall and subsequent injury. It was noted that the soap and paper towel dispenser were not ideally placed, and required patients to shuffle either side of the sink to use them. A request was immediately placed to have dispensers re-located not only in that bathroom, but in several others that had a similar layout. Further work is also taking place to replace some of the bathroom flooring which has been identified as due for replacement.



PREVENTING AND MANAGING PRESSURE INJURIES

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

Although we are aware that pressure injuries are preventable, they continue to remain a problem in all healthcare settings. One Australian estimate of pressure injury prevalence in acute and sub-acute health facilities ranged from 5.6 per cent to 48.4 per cent, whereby hospital-acquired pressure injuries accounted for 67.6 per cent of these.

Pressure injuries can negatively impact on patient morbidity, mortality, level of pain and discomfort, mobility and independence and involve long hospital stays. The management of pressure injuries at St Vincent's involves a multidisciplinary team approach.

SKIN INTEGRITY

Skin Integrity can be defined as skin being whole, intact, undamaged. The Skin Integrity Project Working Group is the governance working group for overseeing pressure injury prevention and management. The working group use an action plan to prioritise and organise goals they review pressure injury prevalence and serious incidence, audit local ward compliance with guidelines and policies, evaluate and disseminate pressure injury data and ensure alignment of policy with best practice. Each local unit has a nominated Skin Champion – a nurse who acts as a conduit for communication between the local ward area and the working group. There is also a community representative on the working party to provide a consumer perspective.

The action plan items include:

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

SERIOUS HARM REVIEW TEAM

A new initiative was introduced in July 2015 that involves in depth review of all serious harm pressure injury incidences. The team comprising Quality and Risk, Stomal Therapy, Podiatry and other members of the Skin Integrity working group visit the patient and review the risk assessment and the management of the reported injury in order to build local capability and expertise. Real time feedback is provided to the nurse caring for the patient and an in-depth review is provided to the relevant area manager upon ratification by the working group. The working group also uses the review to identify common themes that help inform their action plan. This intervention has been well received by the Nurse Unit Managers and the clinical staff.

PRESSURE RELIEVING DEVICES – CENTRAL EQUIPMENT LIBRARY

The Central Equipment Library (CEL) opened at the Fitzroy Campus in November 2014 and is now well utilized to help locate equipment and act as a support and resource for all equipment matters. A CEL Inventory and a Bariatric Equipment Register (beds and chairs) is updated daily Monday to Friday and available for reference on the intranet. The CEL manages many different types of equipment including Alternating Pressure Air Mattresses (APAM) that assist in the prevention of pressure injury. The service provided by the CEL results in a timely and co-ordinated approach to ensuring mattresses are in the right place with the right patient at the right time and remain in good working order. This year the CEL undertook an APAM trial that involved 13 health care disciplines and 5 companies. The trial allowed for the identification of an air mattress that would match the needs of the patient and the organisation. It has resulted in the purchase of 20 APAM's and 1 bariatric APAM and is predicated to reduce costs by \$205K.

STAFF EDUCATION

The Preventing and Classifying Pressure Injuries online learning package commenced in February 2015. There was a need for sustainable education that could reach large numbers of a transient workforce, hence the decision for an online learning package. The package was designed to maximise the knowledge of all staff in relation to; identifying a pressure injury, awareness of risk factors associated with pressure injury, classifying a pressure injury and being aware of the resources available to them in the prevention and management of pressure injury. Nursing staff, Allied Health and Junior Medical staff are expected to complete the package and the current organisational completion rate sits at 86 per cent. Since the implementation we have seen a marked increase in the correct classification of pressure injuries.

POLICY AND PROCEDURE

WOUND DRESSING POLICY BECOMES GUIDELINES FOR WOUND MANAGEMENT

In January 2015 the Skin Integrity Working Party (SIWP) had the task of reviewing the wound dressing policy. The aim of the policy was to provide staff with guidelines to produce an environment in which the risk of transmission and /or acquisition of micro-organisms to the patient was reduced during a wound dressing. This policy addressed performing the task of dressing a wound but not the many facets of wound management. On review of other policies relating to skin the SIWP identified a gap in the provision of information relating to wounds and wound management.

They identified a need for information to support clinical practice and related documentation. This information included types of wounds, assessment of wounds, dressing products, factors which delay wound healing, pathophysiology

of wound healing, documentation and guidelines for wound management. At the recent Wound Management day Carmen George, Stoma/Wound Nurse Consultant, discussed the 4 main factors that affect wound healing; policy, availability of dressing products, medical knowledge and nursing knowledge. This policy addresses 3 out of 4 of these factors.

The result is a well-rounded evidence based policy that touches on all aspects of wound management and provides links to other resources that will assist staff in managing wounds.

RISK ASSESSMENT

It was identified by the SIWP through the Pressure Injury Point Prevalence survey that a number of patients with significant risk factors associated with developing pressure injuries were identified as low risk by the Braden Scale Risk Assessment tool.

In the Transitional Care Unit where it would be expected that the majority of patients would have a number of risk factors that would identify them as a high risk of pressure injury, the Braden scale identified only 20 per cent of patients as high risk. This had the potential to result in poor prevention planning and an increased risk of developing a pressure injury.

The SIWP reviewed other validated risk assessment tools to determine if there was an assessment tool that was more sensitive to identifying high risk patients. The Northern Health Pressure Ulcer Prevention Plan (NHPUPP) was identified as meeting this criterion. A comparative audit was conducted using both risk assessment tools. In 70 per cent of cases the NHPUPP identified patients at high risk that the Braden Scale had identified at low risk. In 30 per cent of cases the NHPUPP identified the risk to be a level above the Braden Scale Risk Assessment. In 10 per cent of cases the risk was assessed as the same and these were all low risk patients. The NHPUPP has been adopted as part of our Pressure Injury Prevention Care Plan.

This incorporates a comprehensive Skin assessment, Risk assessment and a Prevention and Management plan which has been implemented hospital wide.

PATIENT EDUCATION

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

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

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

To prevent a pressure injury patients are encouraged to:

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

Brochures and Booklets with the above message are available on the intranet in 11 different languages.

The management of pressure injuries at St Vincent's involves a multidisciplinary team approach.

SAFE AND APPROPRIATE BLOOD TRANSFUSION

St Vincent's transfuses in excess of 1,200 blood components/products each month with cardiothoracics, orthopaedics, haematology and oncology departments being some of the biggest users. Blood transfusion safety involves oversight of a series of complex processes including:

- an appropriate indication for blood components/products
- appropriate administration of blood components/products
- correct pathology specimen collection
- accurate pre-transfusion testing and crossmatching
- product selection and issue
- optimal storage and transport of blood components/products
- appropriate checking and administration
- recognition and management of any transfusion associated reactions/adverse events.

St Vincent's has one part time Transfusion Nurse and one part time Transfusion Quality Officer, each with specialist knowledge of contemporary transfusion practice. Responsibilities of the TN/TQO include:

- Secretary of the SVHM Transfusion Committee
- Review of transfusion clinical policies/procedures with appropriate stakeholders
- Clinical practice audit and reporting of results:
 - transfusion documentation – including consent, indication and observations
 - transfusion testing request and specimen labelling errors
 - blood component/product transport and storage
- appropriate patient management as related to transfusion practice
- Coordination and implementation of quality improvement activities commissioned by the SVHM Transfusion Committee or other stakeholders
- Preparation of regular summary/exception reports for the SVHM Executive Clinical Innovation and Improvement Committee
- Review of suspected adverse events, including suspected transfusion reactions
- Haemo-vigilance reporting
- Coordination of the implementation of National Clinical Practice Guidelines and changes in transfusion practice
- Development and provision of up-to-date transfusion education materials and other resources for staff/patients.

Standard 7 Blood and Blood Products of the Australian Safety and Quality in Health Service Standards requires that health services have systems in place to ensure the safe and appropriate use of blood components/

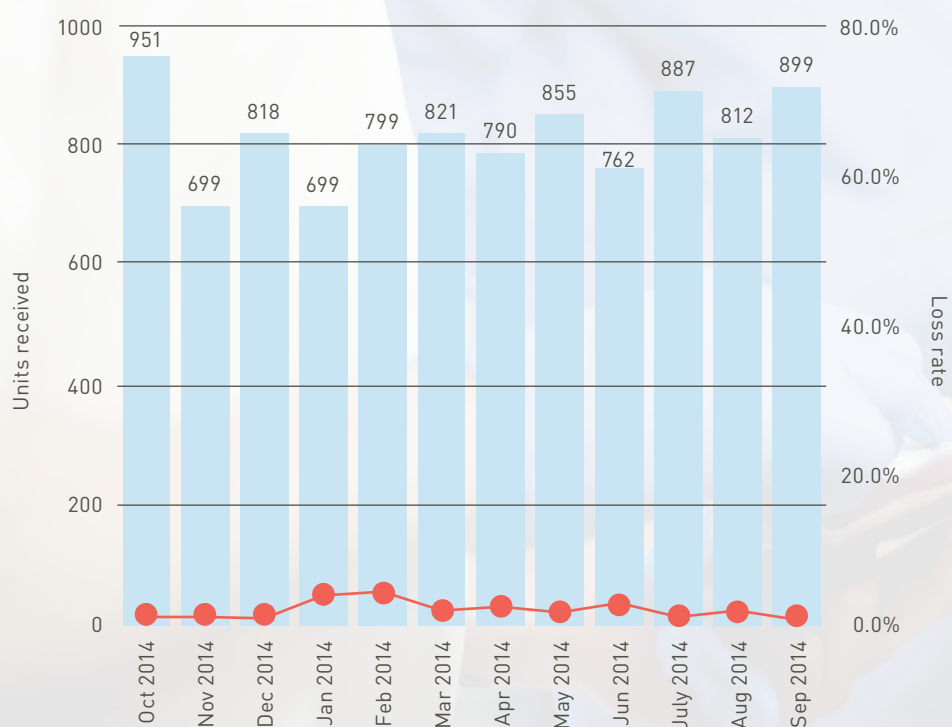
blood products. The SVHM Transfusion Committee and the TN/TQO direct transfusion practice across the health care service to best meet the needs of patients and are responsible for the Standard 7 portfolio. In achieving the requirements of Standard 7, SVHM have policies, procedures and protocols that reflect best practice and national evidence based guidelines. Clinicians can access these policies via the hospital intranet. A regular Transfusion Bulletin is published periodically to share audit results, policy updates, incident summaries, transfusion activity and general transfusion safety advice. The Transfusion Laboratory of SVHM Pathology monitors the use and waste of blood components/products and investigates transfusion reactions.

An important element of any medical therapy including transfusion is consent. In response to a recent audit, it was identified that 97 per cent of SVHM patients receiving red cell transfusions had been appropriately consented, but that improvements could be made in consenting patients for other blood components/products. A quality improvement project is underway involving provision of a reminder message attached to all blood components/products prior to issue from the laboratory indicating to staff at the patient bed side the need to check that consent has been documented prior to commencement of any transfusion. Periodic audit will monitor ongoing improvement in this area.

Over the past year blood component wastage levels at SVHM have generally been below the target of 3 per cent set by the National Blood Authority for Victorian Health Services. An example of SVHM's red cell usage/wastage for the year October 2014 to September 2015 is shown below. This excellent performance is the product of strict control over laboratory inventory and product waste levels and a result of hard work on the part of the TN/TQ and laboratory, transport, nursing and medical staff working together.



RED CELLS UNITS RECEIVED AND FATE



PUBLIC SECTOR RESIDENTIAL AGED CARE

St Vincent's Hospital Melbourne has three fully accredited public sector residential aged care services that actively contribute to the Victorian Department of Health clinical indicator program. The services are Auburn House in Hawthorn East, Cambridge House in Collingwood and Riverside House in Richmond.

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

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

All of the services are active contributors to the St Vincent's overall quality systems and a best practice, person centred approach is embedded into the continuous quality improvement cycle.

The aim of the Public Sector Residential Aged Care Quality Indicator Program is to compare state-wide data from public residential services for the purpose of improving resident safety in areas of known clinical risk.

The indicators reported on include:

- Pressure injuries
- Falls and falls with fractures,
- The use of Physical restraint,
- Multiple medications use and
- Significant weight loss.

Pressure Injuries: All three sites are performing well within the state expectations across the domain and well below the current State reported rate of injuries.

Falls: There has been a marked 14.7 per cent improvement reported. The sites are constantly reviewing individual resident care management strategies for all injuries sustained. Injuries sustained have reduced by 0.5 per cent and are below the reported state data. All fractures sustained are reviewed by the Clinical Risk team to ensure best practice management.

Restraint: A key focus in recent months has been on resident restraint and the achievements to date are excellent with a 31.9 per cent reduction rate reported. Restraint is only used as a last resort for resident safety and only under strict supervision and assessment guidelines. Restraint use reported has been the use of a concave mattress or table across a wheel chair to prevent a resident from falling. By definition these are regarded as physical restraint.

Multiple medications use: Medication management has been a focus of the team to reduce the use of multiple medications and a 25.8 per cent reduction in reported rates has been achieved to date. This is an excellent result for the group especially given the complex psychogeriatric comorbidities of the residents living at Auburn and Riverside Houses. This is a key area of priority for the team and the results reflect the sites are achieving the desired goals.

Continued ongoing review at the Medication Advisory Committees and the Residential Medication Management Reviews carried out by an onsite pharmacologist are expected to result in a continued improvement.

Significant weight loss: A revision of the weight loss monitoring, and management strategy has resulted in a 50.2 per cent improvement. In addition unplanned weight loss has improved by over 71 per cent. Refinement of the strategy is expected to result in further improvement in results and outcomes for residents.

COMMUNITY ADVISORY COMMITTEE

St Vincent's Hospital Community Advisory Committee (CAC) provides advice to the St Vincent's executive and national Board on behalf of the community. The CAC meets bimonthly and discusses key items including consumer participation indicators, patient experience and satisfaction surveys and ratings, the National Safety and Quality Health Service Standards, quality projects and ways to progress the objectives on the Consumer and Community Participation Plan.

The Department of Health and Human Service's 'Doing it with us not for us – Strategic Direction 2010–2013' directs health services in how to ensure consumer views are incorporated at every level. The St Vincent's Consumer and Community Participation and Carer Recognition Plan is a living document that is reviewed at each meeting and updates to the plan are provided.

The current plan has 30 strategies in place such as:

- Involving consumers on clinical committees. There is a consumer on each of the Skin Integrity, Medication Safety and Partnering with Consumers working parties as well as the Executive Clinical Improvement and Innovation Committee, bestCARE Steering Committee, Specialist Clinics Advisory Committee, Nutrition Committee, Pharmacy Quality Council, St Vincent's Cancer Services Toyota Redesign Project Team and the St Vincent's Smoke Free Advisory Group. The Consumer members on each of these working parties and committees have full voting and decision-making responsibilities and ensure that the consumers' perspective is addressed in all discussions.
- A Disability Action Plan is in place at St Vincent's. Extensive education was delivered to the St Vincent's staff on the Disability Plan with online education now available on an ongoing basis to assist staff in communicating with patients with a disability. The Disability Action Plan is due to be reviewed and refreshed in August 2015.
- The CAC was requested to review several patient and carer brochures relating to Continence Clinic services, Bringing Food into Hospital, Geriatric Evaluation Management, Managing Pain and Colonoscopy preparation. The CAC provided valuable feedback from a consumer perspective to ensure that this important information meets the needs of patients and carers. The CAC was also consulted during a major signage replacement project and also provided feedback on patient safety signs. The CAC is also consulted in the preparation of the St Vincent's Quality of Care Report providing feedback on content and presentation. The CAC also provides feedback on St Vincent's policies relating to consumer participation and the development of written information as part of the policy approval process.
- The CAC has developed a Committee Work Plan that includes activities such as conducting bedside patient experience surveys and reviewing patient and carer complaint responses. These activities have resulted in valuable feedback from patients, carers, staff and volunteers.
- The CAC continues to distribute its minutes to important committees throughout the health service including Palliative Care committees, the Cultural Diversity Committee, the Mental Health Consumer Reference Committee and the Mental Health Family and Carer Participation Committee.
- The CAC continues to be focused on developing ways to ensure consumers receive health information appropriate to patient and carer needs, and in improving health literacy to assist consumers in understanding their condition and treatment options and ways to partner with consumers to improve their experience at St Vincent's.



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

– CAC member

The St Vincent's CAC has 12 consumer and community members. The CAC has a direct link to the St Vincent's Health Australia Board via the Hospital Chief Executive Officer. Three St Vincent's Executive staff also attend to provide updates and to report back to the Hospital Chief Executive Officer and senior management. St Vincent's staff continue to attend meetings of the Committee to present on key quality improvement activities and gain valuable feedback as well as act as a resource for the members.

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

The CAC has a direct link to the St Vincent's Health Australia Board via the Hospital Chief Executive Officer.

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

MS SARAH GRAY

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

MS KATRINA KNOX

Katrina is the Director of Community Development for the Darebin City Council. Katrina brings with her an important community perspective for patients who are cared for in the community setting.

MS TINA BOUREKAS

Tina is the Senior Coordinator Ageing and Disability Services with the city of Boroondara. Tina has a social work background with over 20 years experience in the Welfare sector. She has spent the last 2.5 years in Local Government providing services to frail aged and younger people with disabilities within the home, under the HACC (Home and Community Care) program.

MR ADRIAN MURPHY

Adrian is Manager Aged & Disability Services at the City of Yarra. In this role he oversees the community-based Home and Community Care program, Council's Disability Access and Inclusion policy and Positive Ageing Strategy. Currently his focus is on implementation of the Active Service Model, National Aged Care and Disability Care Reforms. Adrian has worked across various roles in local government, having experience in public health planning, family, youth and children's services and community safety.

MR JAS STRETEN

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

MR GEOFF DYE

Geoff has been a Volunteer at St Vincent's since 2009. In that time, Geoff has worked in a number of areas around St Vincent's including the Archives Department and Reception assistance. Geoff has extensive experience within the community, particularly through Education and Allied Health.

MS MARGARET TOUHY

Margaret trained as a nurse at St Vincent's some years ago and has worked in doctors rooms for the past 23 years gaining experience in working with and assisting many patients. (term of appointment completed January 2015)

MS ANNE SPEAKMAN

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

MRS JILLIAN MCCLURE

Jillian has been a Volunteer at St Vincent's since February 2011. Jillian has worked in a number of areas around St Vincent's and is currently working with the Supported Conversation Volunteer Program within Speech Pathology. Jillian brings a passion for improving patient/family centred care and her experience as a volunteer within our consumers.

MS WENDY BENSON

Wendy has a background in business operations. Wendy is a consumer representative on the SVHM Partnering with Consumers Project Working Group and the SVHM Cancer Services Toyota Redesign Project Team. Wendy is also a member on several sporting Board committees and is currently a volunteer with the Cancer Council of Victoria.

MS VIKTORIA ROTHER

Viktoria has a background in teaching. Viktoria is a consumer representative on the SVHM Partnering with Consumers Project Working Group. Viktoria is also a consumer representative on a number of Mercy Health committees.

MS CHARMAINE WEEKS

Charmaine has a background in research and counselling. Charmaine is a consumer representative on the SVHM Partnering with Consumers PWG. Charmaine is also a volunteer at SVHM Normanby House and has links with several other community organisations.

MS CUC LAM

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

MS BROWNYN WILLIAMS

Brownyn currently works as Senior Contract Manager with the Department of Veterans' Affairs. She previously worked in the management of aged, disability and human services for over thirty years. She currently volunteers as a member of the Victoria University's Alumni Advisory Board where she undertook post graduate studies and attained a Master of Health Science. Brownyn has much previous experience as a member of governance boards and advisory committees.

THE VALUE OF COMMUNITY INPUT

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

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

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

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

Brownyn Williams, the Chair of CAC says it's a rewarding experience, 'Ideally, volunteering should be a two-way street where both parties benefit. I am really pleased to have had the opportunity to enhance my knowledge of health issues and contribute to St Vincent's continuous improvement strategy at the same time.'

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



ST VINCENT'S CONSUMER REGISTER

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

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

Members of the Consumer Register participate as much or as little as they wish, depending on their circumstances. For more information, contact Mrs Denise Reynolds on (03) 9231 2558.

DOING IT WITH US NOT FOR US 2010–2013

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

St Vincent's has met or exceeded the requirements of the Victorian Government's consumer participation policy 'Doing it with us not for us' in the following ways:

1. STANDARDS FOR CONSUMER, CARER AND COMMUNITY PARTICIPATION IN VICTORIAN PUBLIC HEALTH SERVICE	ST VINCENT'S PERFORMANCE
1. The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.	<ul style="list-style-type: none"> Results for this standard continue to indicate 100 per cent compliance in all areas, which includes consumer and carer policy and participation plan implementation review and refresh, recording and reporting consumer and carer participation to the wider community, implementation and evaluation of the Cultural Responsiveness Plan, implementation of a Disability Action Plan, implementation of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program, systems and processes to consult and involve consumers and building the capacity of staff to support consumer participation.
2. Consumers and, where appropriate, carers are involved in informed decision making about their treatment, care and wellbeing at all stages and with appropriate support.	<ul style="list-style-type: none"> Due to the cessation of the Victorian Patient Satisfaction Monitor (VPSM) and the implementation of the Victorian Healthcare Experience Survey (VHES), the consumer participation indicator result for acute services is not available however, results to comparable questions in the VHES have indicated positive results when compared to our peers. The percentage of residents/families/carers satisfied with their involvement in decision making continues to exceed the DHHS target of 75 per cent.
3. Consumers, and, where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care.	<ul style="list-style-type: none"> Results for this standard in relation to providing accessible written information to acute and sub acute care consumers continues to exceed the DHHS target of 75 per cent. Ongoing evaluation of the system to provide accessible patient and carer information brochures has resulted in increased monitoring and compliance with the DHHS standard.
4. Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and program on an ongoing basis.	<ul style="list-style-type: none"> Results for this standard continue to indicate 100 per cent compliance in all areas which includes strategic planning, service, program and community development, quality improvement activities such as patient experience surveys, monitoring and evaluating feedback, participation in governance committees and working parties and inclusion in the development of consumer health information.
5. The organisation actively contributes to building the capacity of consumers, carer and community members to participate fully and effectively.	<ul style="list-style-type: none"> This standard has been met with the inclusion of consumer representatives on St Vincent's committees and working parties such as the Executive Clinical Improvement and Innovation Committee, the Skin Integrity Working Party, the Medication Safety Working Party, the Partnering with Consumers Project Working Group, the Specialist Clinics Advisory Committee, the St Vincent's Cancer Services Toyota Redesign Project Team and the St Vincent's Smoke Free Advisory Group. These health service committees and working parties regularly provide reports to the St Vincent's Community Advisory Committee.

MAINTAINING A HIGH STANDARD



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

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

ACCREDITATION

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

Many of the surveyors commented on the openness and transparency of staff, whether they were speaking with surveyors, each other, or the people in their care. They observed that not only did SVHM have strong systems of monitoring and audit but those systems lead to action and improvement. They appreciated the "openness of staff about what you need to improve but, most importantly, what you are going to do about it".

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

CLINICAL GOVERNANCE

Clinical governance is a term used to describe being accountable for providing effective, safe care to patients, and having a commitment to continuous improvement in patient safety.

St Vincent's Hospital Melbourne has a mature and comprehensive clinical governance structure in place. The framework comprises processes for staff credentialing and scope of practice, induction, education and training, performance measurement and management, reporting and oversight of key quality and safety metrics, systems for reporting incidents and feedback, and a committee structure to facilitate organisational oversight.

St Vincent's participates in a number of Patient Experience Surveys; the St Vincent's Health Australia (SVHA) Patient Experience Survey and the Department of Health's (DoH) Victorian Health Experience Survey (VHES), as well as our own St Vincent's Hospital Melbourne (SVHM) Patient Experience Survey.

The clinical governance framework is monitored via key performance indicators on a monthly basis. This process ensures that St Vincent's clinical governance framework and plan continues to be closely in line with best practice. The scorecard is undergoing an extensive review, to ensure that performance indicators are aligned to contemporary practices and meaningful data that informs exceptional patient care.

St Vincent's participates in an extensive program of state and national benchmarking.



NEW INITIATIVES

EXECUTIVE PERFORMANCE MATTERS BOARD

In early 2015 the Executive introduced a weekly huddle around a new Executive Performance Matters Board. Based on the Toyota Obeya wall principles, its purpose is to focus attention on the 6–8 most critical performance issues for St Vincent's Melbourne.

The critical KPIs are updated before the huddle and the Executive team gathers to discuss current performance and the reasons for the performance gap. There is a forum for open and honest problem solving, with actions to address the gap in performance agreed in the course of each 30-minute stand-up huddle.

EXECUTIVE CLINICAL PERFORMANCE OVERSIGHT COMMITTEE

The Executive Clinical Performance Oversight Committee first met in July 2014. This committee was formed to augment clinical governance at St Vincent's Melbourne, particularly in relation to the oversight of key medical indicators of quality by senior medical staff. Chaired by Associate Professor John Santamaria, Director of Critical Care, the committee is made up of the Clinical Directors, Chief Medical Officer and the Clinical Executive Directors. It provides oversight of key performance indicators such as HSMR, readmissions, and length of stay.

IMPROVING QUALITY AND SAFETY

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

St Vincent's undertakes quality planning at a local unit/department level that takes into account a range of factors including accreditation results, risk assessments, benchmarking results and state, national and international safety and quality priorities.

The quality plans also include recommendations from accreditation processes and strategies to address any areas of underperformance. Exceptions to the plans can be escalated to the St Vincent's Executive Committee via the peak Clinical and Corporate Improvement and Innovation Committees. Through the St Vincent's Chief Executive Officer, the St Vincent's Executive committee reports to the St Vincent's Health Australia Chief Executive Officer and to the St Vincent's Health Australia Board. The St Vincent's Executive Committee and the Executive Clinical, Corporate and Support Improvement and Innovation Committees have focused on several important state, national and international quality and safety priorities. They include:

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



BUILDING A SUSTAINABLE HEALTH SERVICE

St Vincent's Hospital is striving to minimise its environmental footprint by encouraging environmentally aware practice, developing energy efficient buildings and infrastructure and setting targets for improved environmental sustainability.

St Vincent's Hospital met its goal of diverting at least 29 per cent of its waste to recycling for the 2014–15 financial year through its reduction, reuse and recycle program.

As part of the reduction initiative; companies have been approached about reducing the amount of packaging brought onto site as well as the continued donation of serviceable

hospital equipment to Rotary Australia for distribution overseas. St Vincent's has also enhanced its waste auditing program to identify further recycling opportunities resulting in the implementation of a program to recycle vinyl and an enhanced range of plastics within the hospital.

Electricity is used in St Vincent's Hospital for space cooling, ventilation, lighting, medical equipment and many other processes. Natural gas and steam is used for space heating, sterilisation of medical equipment, cooking and domestic hot water.

A number of improvements have been made to buildings and infrastructure throughout the year to reduce energy consumption and increase efficiency, including:

- LED lighting program introduced last year is still in progress, and we are already seeing a reduction in energy consumption
- Installation of variable speed drives (VSD) on electric motors to reduce energy consumption
- Time scheduling of air-conditioning systems in non-patient areas, most air conditioning systems are set on economy mode
- 55 Victoria Parade water cooled chiller was replaced with a more efficient air cool chiller, reducing water consumption
- Garden sprinkler system at Caritas Christi Hospice has been connected to rain water tanks.

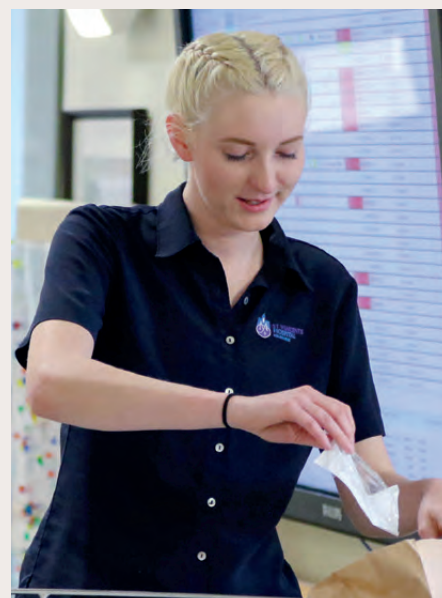
St Vincent's Hospital met its goal of diverting at least 29 per cent of its waste to recycling.

CLEANING AUDIT RESULTS

St Vincent's ensures cleaning standards across the health service exceed the Department of Health and Human Services' targets. St Vincent's cleaning audit program includes monthly internal cleaning audits with results reported through to the Executive Corporate Improvement & Innovation Committee. There is also external cleaning audit program that monitors the internal audit program and includes three audits conducted by an external cleaning audit provider to measure cleaning standard compliance. In 2014–15, St Vincent's continued to exceed cleaning targets in each risk area. The implementation of Microfiber and Steam cleaning systems have contributed to the consistently high cleaning standard outcomes across the campus.

INDEPENDENT CLEANING AUDIT RESULTS 2014–15

Risk Area	Target	July 2014	November 2014	March 2015
Very High	90%	96.8%	96.0%	95.9%
High	85%	96.2%	97.7%	97.5%
Moderate	85%	96.2%	91.0%	92.0%



Striving for something greater



IT IS THAT EASY, BEING GREEN

Few of the dialysis patients at St Vincent's would realise it, but they are now part of a program that is helping to turn hospital waste, into garden hoses!

It's all part of a new approach to making the hospital more green, and reducing waste.

An enthusiastic team of 'Green Champions' from the Dialysis Unit has embraced the idea, and spent 2014 looking for ways to reduce their environmental footprint. The team, led by Nurse Unit Manager Nuala Barker, along with Gwen Still, David Cork, Robyn Black and Heather Charles, led a five-fold increase in waste recycling.

The Dialysis Unit has always produced a considerable amount of waste, and after a waste audit in June and July confirmed that there was much room for improvement.

'What we discovered was that although we were already recycling cardboard, there were opportunities to recycle plastics, packaging and PVC in large volumes,' says Nuala.

The Dialysis Unit commenced a new recycling program in September, with education on recycling, new recycling bins, followed by further clinical waste education and the implementation of a smaller clinical waste containment system.

It's the first unit to successfully incorporate recycling of PVC, including tubing, empty fluid bags and oxygen masks. The PVC is collected at no cost and recycled into plastic pellets used to make garden hoses.

'The Dialysis Unit is now recycling approximately 40-45kg of PVC per week, which will result in more than two tonnes of PVC being diverted to recycling over 12 months,' says Nuala.

The Dialysis Unit has decreased their landfill waste by more than 20 per cent in the past year, while halving the amount of waste by volume.

With the assistance of medical supplies provider Baxter, the team has also extended its recycling program to 25 of their home dialysis patients. Baxter now provides a collection service for all PVC and cardboard waste when delivering medical products for patients who dialyse at home.

Environmental Services Manager Stella Moon says projects have now begun in Emergency and ICU, with plans to implement a similar program within the Vascular Unit next year.

PRE AUDIT WASTE LEVELS

PRE AUDIT WASTE LEVELS	KG	TOTAL WASTE %	POST AUDIT WASTE LEVELS	KG	TOTAL WASTE %
General Waste	336	38.8%	General Waste	112	17.3%
Clinical & Related Waste	483	55.8%	Clinical & Related Waste	363	56.1%
Comingle Recycling	47	5.4%	Comingle Recycling	132	20.4%
PVC - recycling	0		PVC - recycling	40	6.2%
Total Generation	866		Total Generation	647	

CONTACT US

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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.

[FSC LOGO]