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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



ST VINCENT'S
HOSPITAL
MELBOURNE

ST VINCENT'S QUALITY ACCOUNT 2017

CARE

Inspired to



14

ABORIGINAL
HEALTH

18

OUR DIVERSE
COMMUNITY

22

OUR MENTAL HEALTH
INPATIENT SERVICES

We are Partnering
**TO BUILD SOMETHING
 GREATER. TO BE MORE
 THAN AUSTRALIA'S
 LEADING PROVIDER
 OF HEALTH CARE.**

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WELCOME

On behalf of St Vincent's Hospital Melbourne it is my pleasure to present the Quality Account for 2017.

This publication is our opportunity to demonstrate to you our performance over the past year and is a snapshot of some of the important initiatives that have occurred over the past 12 months.

It is essential that patients and members of the community are able to actively and effectively participate in all aspects of their care, and St Vincent's continues to focus on building meaningful relationships with consumers.

The Community Advisory Committee, of which I am Chair, ensures that the voices of patients, carers and the community are heard by the St Vincent's Executive and Board.

I joined the Community Advisory Committee in 2014 after spending a long period of time as a patient at St Vincent's. As a regular visitor to the St Vincent's Cancer Centre, I was excited by the opportunity to assist the hospital that had been so wonderful to me at a very difficult and stressful stage of my life.

During this time, I have had the opportunity to provide feedback as a member of five working groups. I have also been involved in a number of initiatives across the health service, including a training program to improve health literacy and the introduction of name badges for all staff and volunteers.

My position on the Community Advisory Committee is something I relish, and I look forward to continuing to ensure that the consumer's perspective is listened to and appreciated moving forward.

On behalf of the community, I would like to thank the staff of St Vincent's for the inspiring and life changing work they perform every day caring for the community.

Wendy Benson

Chair
St Vincent's Community
Advisory Committee.

St Vincent's
PROVIDES SERVICES AND
SUPPORT TO PEOPLE FROM
ALL WALKS OF LIFE



WHO WE ARE

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

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

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

MISSION

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

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

OUR VALUES

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

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

Integrity – acting with honesty and truth while ensuring that we enable others to flourish

Excellence – excelling in all aspects of our healing ministry

2016-17
in numbers



781

BEDS



16

SITES WITH MORE
THAN 5,000 STAFF
EMPLOYED



46,000

EMERGENCY
PRESENTATIONS



7,000

ELECTIVE SURGERY
ADMISSIONS



57,000

INPATIENTS



187,000

CLINIC
APPOINTMENTS



844,000

MEALS
SERVED

OUR SERVICES

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

St Vincent's Hospital, Fitzroy

Major teaching, research and tertiary referral hospital

St George's Health Service, Kew

A broad range of subacute inpatient and community aged care services

Caritas Christi Hospice, Kew and Fitzroy

Palliative care services

Prague House, Kew

Residential care for people who have experienced homelessness

The Cottage, Fitzroy

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

Briar Terrace, Fitzroy

Support to men and women experiencing social isolation

De Paul House

Drug and Alcohol Outreach

St Vincent's Mental Health Service

Community Care

The Footbridge (North Fitzroy)

Prevention and Recovery Care (PARC) Service, North Fitzroy

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

Aged Mental Health

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

Residential Aged Care

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

Community-based Mental Health Services

Clarendon Clinic and Hawthorn Clinic

SACS Rehabilitation Services

Community Rehabilitation Centres at Kew, Northcote and Fitzroy

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

Home nursing service alternative to being treated in hospital

Pathology Collection

80 pathology collection centres around Melbourne

Youth Health and Rehabilitation Service (YHARS)

Integrated primary health care for juveniles in custody

Correctional Health

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

St Vincent's
IS PROUD TO BE A PART OF
THE ST VINCENT'S HEALTH
AUSTRALIA GROUP



OUR COMMUNITY

ADVISORY COMMITTEE

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

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

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

The CAC has 12 consumer and community members, with a direct link to the St Vincent's Health Australia Board via the Hospital Chief Executive Officer. St Vincent's staff 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.

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

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

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

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

Mr Adrian Murphy – Adrian is Manager Aged & Disability Services at the City of Yarra. In this role he oversees the community-based Commonwealth Home Support Program, Home Care for Younger People Program, Disability Access and Inclusion policy and Positive Ageing Strategy. Currently his focus is on implementation of the National Aged Care and Disability Care Reforms. Adrian is also the current chair of the Inner North West Primary Care Partnership.

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

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



Ms Charmaine Weeks - Charmaine is a consumer representative on the St Vincent's Partnering with Consumers PWG. Charmaine was also a volunteer at St Vincent's Normanby House where her mother enjoyed day respite care. Charmaine has strong links with a range of community organisations and advocacy groups. She is an accredited coach supporting emerging managers in rural and remote Australia.

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

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

Ms Jenny Wilkins - Jenny has a health sector consultancy background addressing risk to patients, developing strategies for clinical improvements and effecting change in policies, protocols and work practices. Jenny is also on a human research ethics committee, an animal ethics committee, and a government scientific procedures audit advisory panel. (Commenced August 2017).

Mr Kevin Boyce - Kevin has a background in sales and marketing interpreting customer's needs to deliver a win/win outcome. Kevin brings range of healthcare experiences from a personal perspective as well as an advocate for consumers with disabilities and regional and rural consumers. (Commenced August 2017).

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. (Resigned August 2016)

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





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 VALUE OF COMMUNITY INPUT

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

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

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

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

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

ST VINCENT'S CONSUMER REGISTER

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

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

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



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CONSUMER AND COMMUNITY
VOLUNTEER MEMBERS

ACCESSIBILITY

AND INCLUSION

An Accessibility and Inclusion Plan (formerly Disability Action Plan) is in place and was updated in August 2015. This plan identifies and commits St Vincent's to implementing specific initiatives, ensuring we continually improve our services and facilities with a view to delivering an accessible and inclusive healthcare service for all the community.

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

The objectives of the Plan are to:

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

The priority areas for action included in the Plan are:

Planning and policy development

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

Accessibility of buildings and services

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

Communication

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

Promoting community recognition, inclusion and acceptance

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

Complaints, rights and responsibility, and confidentiality

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

Employment and human resources

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



AUG 2015
ACCESSIBILITY AND INCLUSION
PLAN IN PLACE AND UPDATED



YOUR FEEDBACK

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

St Vincent's 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 (Press Ganey)
- ◆ SVHM Consumer Led Patient Experience Survey

Performance relating to the VHES results is combined with results from the Press Ganey surveys and complaints and discussed at peak Quality and Safety governance meetings and also at the Community Advisory Committee. An action plan has been developed to drive further activities to improve performance across a range of these measures.

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

- ◆ We have implemented name badges for all staff. These badges provide the staff member's name and clinical role, so that it is easy for patients and family members to identify staff.

- ◆ We have also reviewed and improved the process for engagement of consumers in the review and approval of patient information. This new process will ensure that any and all patient information brochures printed onto the new branding have been reviewed and approved by the consumer group. In the past year we have engaged consumers in the development and review of training materials.
- ◆ The orientation module covering Quality, Safety and Consumer Engagement for new staff and new medical staff was reviewed and updated as a result of input from consumers.
- ◆ Another focus of the past year was to improve the health literacy of the information that we provide to consumers. To this end a series of training sessions for clinical staff were conducted to provide these staff with the knowledge and practical skills to assess and adjust written information in order to be accessible to consumers.

A significant project focussing on discharge processes has recently been commissioned. This project aims to improve the discharge process and improve patients and families preparedness for home. In doing so, this project will use the discharge satisfaction measures from VHES and Press Ganey as one of the measure of success.



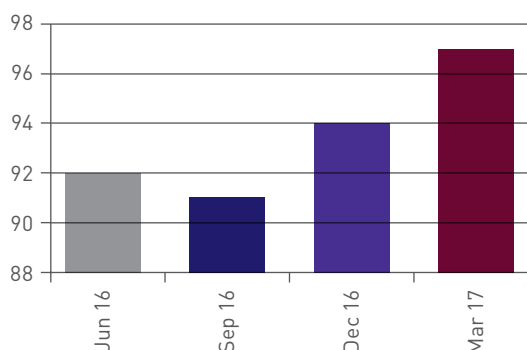
VICTORIAN HEALTH EXPERIENCE SURVEY (VHES)

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

OVERALL IN-PATIENT EXPERIENCE

Target = 95%

SURVEY REPORT DATE	RESULT (%)
June 2016	92
Sept 2016	91
Dec 2016	94
Mar 2017	97

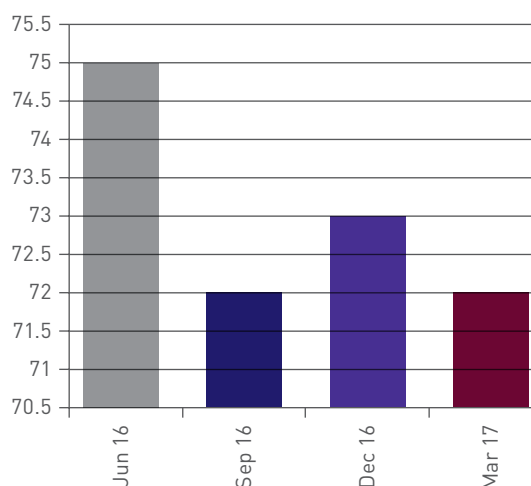


TRANSITION INDEX*

Target = 75%

SURVEY REPORT DATE	RESULT (%)
June 2016	75
Sept 2016	72
Dec 2016	73
Mar 2017	72

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



SVHA PATIENT EXPERIENCE SURVEY (PRESS GANEY)

The SVHA Patient Experience Survey, performed by Press Ganey, examines how satisfied patients are with the care and services provided and what their experience of St Vincent's has been.

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

satisfaction and 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 database.

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

DEFINITELY
75.4%

TARGET
70%

CONSUMER ADMINISTERED PATIENT EXPERIENCE SURVEY

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

From July 2016 to June 2017, 327 surveys were conducted across the health service.

Results have been positive and some areas for improvement have been identified. Often, feedback has been provided to the Nurse Unit

Manager by the volunteer at the time of survey to allow for a prompt resolution. Feedback received from volunteers is that patients and carers are enjoying being able to spend the time to chat with volunteers and tell their story.

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

Do the medical staff caring for you explain things in a way you can understand?	ALWAYS 72.8%	USUALLY 12.2%	SOMETIMES 1.9%	NEVER 0%	OTHER 13.1%
Do the nursing staff caring for you explain things in a way you can understand?	ALWAYS 84.9%	USUALLY 9.5%	SOMETIMES 5.3%	NEVER 0.3%	
Do the clinical staff listen carefully to you?	ALWAYS 77.1%	USUALLY 14.6%	SOMETIMES 7.3%	NEVER 1%	
Are you as involved as you want to be in the decisions about your care and treatment?	ALWAYS 73.9%	USUALLY 16.3%	SOMETIMES 7.7%	NEVER 2.1%	
Do you feel that you are being treated with dignity and respect?	ALWAYS 88.3%	USUALLY 8.2%	SOMETIMES 2.5%	NEVER 1%	

PROVIDING FEEDBACK

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

Feedback can also be provided online at svhm.org.au or through St Vincent's Facebook page.

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

Complaints, compliments and suggestions can be addressed to:

Patient Representative Officer
PO Box 2900
Fitzroy Vic 3065

ADDRESSING COMPLAINTS

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

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

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

There were 214 formal complaints lodged with the Patient Representative Office during the 2016-17 year. This is a reduction compared to the 2015-16 when there were 242 formal complaints lodged.

214

Total number of formal complaints 1 July 2016 and 30 June 2017

242

Total number of formal complaints 1 July 2015 and 30 June 2016

41

Care and treatment*

18

Clinician communication*

8

Discharge*

* January – June 2017

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

CHANGES AS A RESULT OF COMPLAINTS RECEIVED

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

- ◆ Establishment of a database to track complaints and record improvements
- ◆ Development of online mandatory training in complaints management
- ◆ Online Cultural Awareness training for all staff
- ◆ Open Disclosure training for medical staff
- ◆ Clearly identifiable Volunteers at main entrances to direct people to appointments etc.
- ◆ Patient Representative Officers and Quality Coordinators offer 'face to face' meetings to discuss concerns and offer explanations or information
- ◆ Increasing use of family meetings to discuss and resolve issues

ABORIGINAL HEALTH

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

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

The Aboriginal Health Unit positions St Vincent's as a leader in Aboriginal and Torres Strait Islander healthcare and research in a hospital setting, bringing together the Aboriginal Hospital Liaison Officer (AHLO) program, and quality improvement, cultural awareness, training and cadetships.

Toni says the Unit builds on the successes that have contributed to a better experience and outcome for Aboriginal and Torres Strait Islander patients, in particular the AHLO program, which was Australia's first when it was established in 1982.

'Our Liaison Officers work with patients by providing cultural safety while they are here having treatment,' Toni says. 'We don't just look at a patient's physical health – we also address their social and emotional wellbeing as well.'

Past policies where Aboriginal and Torres Strait Islander people were treated differently or even refused hospital treatment have made many in

the Aboriginal community untrusting of health services, but our Liaison Officers help patients overcome the barriers that could prevent them from seeking out and completing treatment.

'Aboriginal people tend to be a lot more cautious about what information they will give to medial staff,' Toni says. 'Our AHLOs often find that after a doctor has left the room, patients will tell them something, and then the AHLOs will say "it's ok, you can tell that information to the doctor."'

'It's just having that presence that makes people feel more calm and welcome. We understand social circumstances in the community, so we will work with that patient to ensure a better health outcome.'

CULTURAL CARE AND SUPPORT

Lynette Briggs is a proud Yorta-Yorta woman who has been a patient for many years. Sitting in her room on 9E, Lynette gets a little teary talking about the exceptional care she receives at St Vincent's.

'My family has been coming to St Vincent's for the past 70 years,' Lynette says. 'From the cooks to the cleaners, the doctors and especially the nurses, everyone goes above and beyond the call of duty.'

However Lynette saves her greatest praise for AHLO Fay Halatanu. AHLOs have a deep understanding of community and cultural needs and ensure that a patient's social and emotional wellbeing is considered, in addition to their physical wellbeing.

'Since AHLOs have been employed here, they have bridged the gap a lot as far as our community is concerned,' Lynette says. 'Before that, we were too afraid to tell doctors what was wrong with us. I have found that since the girls such as Fay have been working here, they have bridged the gap for Aboriginal patients.'

Fay has been providing support to Aboriginal and Torres Strait Islander patients for three years, but still finds it hard to define her job, such is the breadth of her role.

'We just do whatever we can do to help improve the health outcome of a patient and provide patients that bit of emotional and cultural support,' Fay says. 'The AHLOs are a presence that can support and relate to patients.'



I'm an Aboriginal woman, and my mother was non-Aboriginal. I always say that I walk in two worlds. I love that I can bring both worlds together and be proud of both of them. I feel very blessed to be able to work in a great organisation like St Vincent's because it is an organisation that recognises the health struggles that our communities had.

- SONYA PARSONS, ABORIGINAL HEALTH LIAISON OFFICER





IMPROVING CARE FOR ABORIGINAL PATIENTS

ENGAGEMENT AND PARTNERSHIPS

- ◆ A Memorandum of Understanding with the Royal Eye and Ear Hospital was established, with the aim of strengthening Aboriginal Health Programs
- ◆ The Mental Health Unit has a partnership with the Victorian Aboriginal Health Service, Family Counselling Service to ensure culturally appropriate care of Aboriginal and Torres Strait Islander consumers accessing this service
- ◆ St Vincent's has an Aboriginal Health Advisory Committee with ACCO and ACCHO CEOs as members of this committee

ORGANISATIONAL DEVELOPMENT

- ◆ Under the umbrella of St Vincent's Health Australia (SVHA), Aboriginal and Torres Strait Islander people are identified as a key priority group within the overarching strategy enVision2025. From this, St Vincent's has received funding to develop an Aboriginal Health Unit and in February 2016, this work commenced
- ◆ The Aboriginal Health Unit enables St Vincent's to further build on our great work in Aboriginal Health, overseeing AHLOs, quality improvement projects, research and programs to increase capacity to deliver better culturally appropriate care
- ◆ We are half way through our current Reconciliation Action Plan, which has targets to continue to achieve a more culturally safe environment for Aboriginal and Torres Strait Islander patients

WORKFORCE DEVELOPMENT

- ◆ Ongoing external funding maintains St Vincent's opportunity to employ, nurture and train Aboriginal and Torres Strait Islander people to gain future employment at St Vincent's. This is highlighted through Cadets becoming Graduate Nurses in 2017, and two of our Cadets being successfully recruited into Graduate Nurse positions in 2018.
- ◆ St Vincent's has successfully delivered accredited cultural safety training to 39 staff through the VACCHO Cultural Safety Training Program.
- ◆ SVHA has funded a one hour Cultural Awareness eLearning program for all staff to complete. Content was developed by a national Aboriginal Cultural Awareness Training provider, in consultation with SVHA Aboriginal and Torres Strait Islander staff. This program will be available in the 2017-18 for staff to complete.

SYSTEMS OF CARE

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



39

STAFF ACCREDITED
THROUGH THE VACCHO
CULTURAL SAFETY
PROGRAM



1982

THE AHLO WAS THE
FIRST OF ITS KIND
ESTABLISHED IN
AUSTRALIA

ABORIGINAL EMPLOYMENT

St Vincent's currently employs 34 Aboriginal and Torres Strait Islander staff members, which represents 0.58% of the total workforce of more than 5,700 people. With a stated target of 1% of staff to be Aboriginal and Torres Strait Islander, by 2018, we are currently 26 employees short.

St Vincent's is committed to improving the employment experience and opportunities of Aboriginal and Torres Strait Islanders. With our parent company, SVHA, we have adopted the Prime Minister's Employment Parity Initiative, which aims to increase Aboriginal and Torres Strait Islander employment in the health sector to 3% by 2020.

To help achieve this, St Vincent's has developed an Aboriginal and Torres Strait Islander Employment Strategy 2016-18. The emphasis within this plan is on the introduction of new career pathways for these employees; pathways that are sustainable and rewarding for both the individual and organisation.

Supporting this strategy, St Vincent's has set performance indicators in the areas of Aboriginal and Torres Strait Islander employment, projects and cultural safety training.

ACHIEVEMENTS IN ABORIGINAL EMPLOYMENT

At the start of 2012, St Vincent's employed 15 Aboriginal and Torres Strait Islander staff. In the years since, St Vincent's has successfully employed an additional 30 Aboriginal and Torres Strait Islander staff across multiple disciplines including Nursing, Allied Health, Social Work, Food Services, and Support Services. St Vincent's now employs 34 Aboriginal and Torres Strait Islander staff.

St Vincent's has continued the Aboriginal Nursing Cadetship Program that was started in 2012 and has successfully supported 10 Aboriginal and Torres Strait Islander nurses through to completion of their nursing degrees and into Graduate positions.

The Aboriginal Graduate Nursing Program, piloted in 2014, has seen five Aboriginal and Torres Strait Islander graduate nurses complete their graduate year and has successfully recruited four more for the 2017 graduate program, as well as three for the 2018 graduate program.

St Vincent's has also employed an additional 14 Aboriginal and Torres Strait Islander staff through the new HR & Indigenous Program Specialist role, the Aboriginal Health Unit and Koolin Balit Training Grants. The implementation of this role also saw the attrition rate of Aboriginal and Torres Strait Islander Staff drop from approximately 26% in 2014 to 11% in 2016 and 2017.



34

STAFF CURRENTLY
EMPLOYED BY
ST VINCENT'S

St Vincent's

HAS CONTINUED THE
ABORIGINAL NURSING
CADETSHIP PROGRAM THAT
WAS STARTED IN 2012



3%

INCREASE TARGET FOR
ABORIGINAL AND TORRES STRAIT
ISLANDER EMPLOYMENT IN THE
HEALTH SECTOR BY 2020





After raising a family, I tried for a long time to get back into the workforce without much luck. Then I met with Sye, who said he had some jobs coming up. I began working in Food Services in July and I'm really enjoying it, the people are grouse. They have made me feel welcome.

- GLENIS DOW, FOOD SERVICES ASSISTANT



THE ABORIGINAL HEALTH CADETSHIP PROGRAM

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

St Vincent's has established an Aboriginal Cadetship Program that offers second and third year nursing and allied health students paid employment above and beyond their clinical training.

'The idea is to bring Aboriginal students in and employ them (over and above their clinical student placements) to give them exposure working in a hospital environment in order to better prepare them for the workplace,' says Sye Hodgman, HR & Indigenous Program Specialist.

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

'We are hopeful these cadets come back to us through the graduate nursing program and build a career here,' Sye says. 'We want to give them exposure so they know what to expect.'

The placements are tailored to the self-identified learning needs of the cadets. Cadets are also supported to complete their university requirements through paid study days. All Cadets' study leave, flights, accommodation and registration fees are covered to attend the annual Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (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, writing the cover letters and mock interview practice.

St Vincent's is one of 18 hospitals across Victoria that takes part in the Cadetship program.

The Aboriginal Nursing Cadetship Program has successfully supported nine Aboriginal and Torres Strait Islander student nurses through to completion of their nursing degrees and into Graduate positions, with two more due for completion by the end of 2017.

OUR DIVERSE COMMUNITY

At St Vincent's Hospital Melbourne, our patient population is diverse. Approximately 47% come from a culturally and linguistically diverse (CaLD) background, approximately 20% require an interpreter, and 33 faiths are practised.

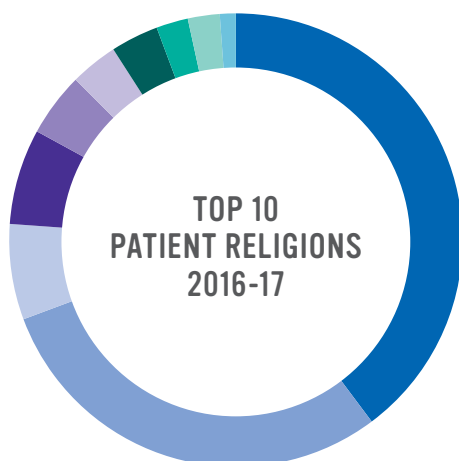
It is well recognised that the CaLD background of a patient can influence the care they receive. A key to improving care lies in the ability of healthcare providers to build cultural awareness and responsiveness.



Italy	22%
Greece	18%
Vietnam	11%
Unknown	11%
United Kingdom	11%
China	8%
New Zealand	7%
India	5%
Philippines	4%
Lebanon	3%



Greek	22%
Italian	15%
Vietnamese	15%
Mandarin	7%
Cantonese	7%
Arabic	7%
Turkish	3%
Hakka Timore	2%
Spanish	2%
Macedonian	1%



None	35%
Catholic	26%
Greek Orthodox	6%
Christian	6%
Anglican	4%
Muslim	3%
Buddhist	3%
Church of England	2%
Orthodox (other)	2%
Uniting Church	1%



I'm an asylum seeker from Iran and spent all of last year receiving various treatments at St Vincent's after I fell seriously ill during my prolonged detention on Nauru. I was 19 when I left Iran with my family and spent 13 years in Pakistan as a refugee before arriving on Christmas Island four years ago. I felt comfortable and safe at St Vincent's because I was given amazing care and support, not only by the doctors and nurses, but also social workers, psychologists and pastoral care workers. I hope the Government makes a decision to end my nightmare and let me live in Australia.'

- SHAKIBA SALAVATI NEJAD



450

PHRASES TRANSLATED
ACROSS IN THE APP

CULTURAL DIVERSITY WEEK

In March St Vincent's celebrated Cultural Diversity Week with a number of activities including a musical performance from South American group Inka Marka, Tai Chi, and Taste of Harmony lunches across the health service. A Cultural Diversity Workshop on managing challenging conversations across cultures was also held.

'TALK TO ME' LANGUAGE APP

In 2017, St Vincent's developed and launched 'Talk to Me' a language app for iPad and iPhone to provide brief, sentence based, basic one way communication in multiple languages other than English. The app was developed with the input of professional interpreters and contains over 30 topics with about 450 phrases translated across Greek, Italian, Vietnamese, Cantonese, Mandarin and Arabic.

'Talk to me' does not replace the need for an interpreter and is designed to address the gaps where patients in sub acute settings such as residential facilities could benefit from knowing about their routine care.

With an audio component the 'Talk to me' app can assist staff in safely extending culturally responsive care to CaLD patients, recognising their cultural and linguistic needs and maintaining their dignity.

Talk to Me was developed thanks to St Vincent's 'Catalyst' funding, in addition to pro bono contributions by Datacom, Mission, the cultural diversity program coordinator, interpreters, Cambridge House and other experts.



30+

TOPICS COVERED

INTRODUCING FATHER ZAHER, OUR NEW CHAPLAIN

Father Zaher Mhanna recently joined the St V's family as Chaplain at the St Vincent's Public and Private Hospitals. Zaher has had a remarkable journey here to St Vincent's.

'I was born and raised in Syria, studied theology and philosophy at the College of St Paul in Beirut,' Father Zaher says. 'Six months later I was parish priest in Damascus with a parish of 5,000 families when the Syrian war started in a place very close to my village.'

Father Zaher has been in Australia since 2015 and has worked at a number of parishes across Melbourne before transferring here to St Vincent's. Father Zaher is also a qualified chef and loves cooking.

ST VINCENT'S QUALITY ACCOUNT 2017



WRITING BROCHURES FOR PATIENT HEALTH INFORMATION – A HEALTH LITERACY INITIATIVE

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

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

The consumer provided an insight into her patient journey when she was acutely unwell and emphasised how important it is to provide information tailored to patient needs.

Staff have responded with excellent feedback and have enthusiastically applied their new skills to a number of projects, including writing brochures that are easier for CaLD patients to understand, either in plain English or plain English translated into their own language.

The focus has been on producing effective translations in the top five languages (Greek, Italian Vietnamese, Mandarin and Cantonese) on topics which help keep patients safe. The latest addition to our translation library has been a set of brochures on how to prevent falls by being aware of the many factors that can cause a fall.

INTERPRETER SERVICES

St Vincent's is committed to providing interpreter services to CaLD patients so they can communicate with their doctor about their health issues. Overall we meet the language needs of 70% of CaLD patients in outpatient clinics and are always developing ways to improve access to interpreters. Staff also receive training on how to work effectively with interpreters and why it is important to access one for the important conversations about diagnosis, treatment and how to stay well when you return home.

The Language Services policy was reviewed and updated this year. It now includes a section on the procedures to access and book an interpreter so that all staff are aware that interpreters (including Auslan) are available 24 hours a day whether onsite or through the telephone interpreter.

CULTURAL DIVERSITY TRAINING

St Vincent's has a leading Cultural Awareness Training program, with training on an incredible 22 topics on offer to educate staff. In total 2,123 staff member received cultural diversity training in 2016-17.

METHOD OF DELIVERY	NUMBER OF WORKSHOPS	NUMBER OF STAFF TRAINED
In person	55	735
Orientation	10	600
Online	N/A	788



'I'm from the Sudan in East Africa and came to Australia 13 years ago. I have been coming to St Vincent's quite a lot because of various health issues and recently had a knee replacement surgery. The care at St Vincent's is so amazing. All the doctors and nurses are very good and attentive to my needs. They also help me communicate through an interpreter every time I visit. The interpreter is very friendly and respectful of my culture.'

—RAHMA WIDATALL

WHAT DO CALD PATIENTS THINK OF OUR SERVICES?

We are always interested in what patients think of St Vincent's and the care we provide so we can keep improving our services. This year we asked CaLD patients their opinion. 80% of patients said they had received the services of an interpreter when they needed one. And 93% of patient felt that doctors and nurses responded to their needs. We are very proud that 100% of patients said they would recommend the hospital to their family and friends.

CALD INPATIENT EXPERIENCE SURVEY APRIL - JUNE 2017 (N=30)

WHERE DID WE GO WELL?

80%

of patients received the services of an interpreter when they needed one.

93%

of patients felt well cared for and were happy with the cleanliness and assistance they received.

93%

of patients felt that doctors and nurses had responded to their needs.

83%

of patients responded that their choice of meals were appropriate to their culture and faith, e.g halal or vegetarian.

WHERE CAN WE IMPROVE?

20%

20% of patients did not receive an interpreter and their relatives interpreted for them.

40%

of patients did not have their family involved in their care.

20%

of patients did not feel they were ready to go home.

37%

of patients considered the quality and taste of the food to be excellent. 56% considered the food to be acceptable.

OUR MENTAL HEALTH SERVICES

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

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

ADULT INPATIENTS*	TARGET	2016-17 ACTUALS
Seclusion rate	Less than 15	15.2
Physical restraint	No set target	21.1
Mechanical restraint	No set target	6.2

*average monthly rate per 1,000 bed days

AGED PSYCHIATRY INPATIENTS*	TARGET	2016-17 ACTUALS
Seclusion rate	Less than 15	4.3
Physical restraint	No set target	5.9
Mechanical restraint	No set target	0.4

*average monthly rate per 1,000 bed days

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

- ◆ Reducing restrictive interventions
Consumers are screened on admission for possible risks associated with acute arousal or aggression and immediate plans are identified to reduce these risks
- ◆ Where seclusion is used (as a last resort) the consumer is reviewed quickly by the treating team to ascertain plans to reduce length of restrictive interventions and any other preventable measures
- ◆ Consumers are debriefed by the treating team of their experience prior, during and following any restrictive episode
- ◆ Restrictive interventions is an established agenda item during clinical review meetings, mental health quality and risk committee, and is discussed daily at the Daily Management System Tier 1 meeting
- ◆ Peer Support is available for consumers located both in the low dependency area and high dependency area. Current training for staff includes a module on de-escalation of violence and aggression and how to manage challenging situations. This is re-enforced by the education team and senior staff.

Consumers are actively supported to identify treatment directions using advanced statements and a Joint Wellness Plan (recovery goals)



44

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

St Vincent's
HAS A LONG AND
OUTSTANDING COMMITMENT
TO MENTAL HEALTH CARE



PRODUCTIVE WARDS

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

SAFEWARDS

Safewards is an evidence-based practice model to reduce conflict and restrictive interventions in adult and aged inpatient services. The model draws attention to 'flashpoints', moments of opportunity for mental health nurses to prevent conflict and to minimise use of restraint, medications and seclusion. Safewards can assist understanding of complicated subjects relating to responding to conflict and maintaining containment by encouraging consumers and staff to work together.

SENSORY MODULATION

Sensory modulation is used across AIS as well as in the Aged Mental Health inpatient service to reduce the need for restraint and seclusion. It includes:

- ◆ Bluetooth headphones are available for use by consumers in the ECU, and have been particularly well received by consumers, who have provided positive feedback about them and how they are helpful
- ◆ Sensory baskets containing equipment designed to relax consumers
- ◆ Massage chairs on both units and a sensory room in the Low Dependency Unit.





Mental Health offers approximately 30 group activities each week, with review and generation of new ideas occurring at weekly consumer meetings.

GROUP PROGRAMS

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



EARLY RESPONSE TEAM

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

STANDARDISING SOCIAL WORK CARE FOR MENTAL HEALTH PATIENTS

As social workers at St Vincent's Mental Health, Loren Urzia and Meg Buck work with some of the community's most marginalised people.

Our clients experience a variety of psychosocial issues including homelessness, poverty, social isolation, family violence, sexual assault and drug and alcohol issues,' Loren says. 'Our job as social workers on an inpatient unit is to address those issues and ensure that clients are safe for discharge.'

The team have been reviewing their roles to ensure the patient journey is streamlined from admission to discharge.

'As a team we wanted to create more capacity in the ward so that consumers waiting to access care in the community and in the emergency department could be accommodated without delay,' Meg says.

'What we found was that there was no standardised process for screening patients. After reviewing three months of files we found that only 17 per cent of clients had been contacted by Social Work. We also found that the average length of stay was 28 days.'

The team has implemented a screening tool that ensures that all patients are now reviewed by social work as soon as possible after admission and are screened for any barriers to discharge. These barriers are clearly identified and a plan is developed to manage the issues.

'Before we implemented the screening tool, the way that social workers would receive a referral was via ward round or from a doctor,' Loren says. 'Doctors would ask for our help addressing an issue so that the patient can be discharged. Doctors were seen as the decision makers, and we waiting for direction, rather than being proactive.'



Social workers can now identify the barriers to discharge themselves and start working straight away.

- MEG BUCK

'Maybe doctors didn't fully understand the role that social work can play in identifying barriers to discharge,' Loren says. 'A doctor's primary concern would have been medications or treatment, as opposed to looking at the social aspect.'

'Since we implemented the screening tool, we have been able to see all patients between day one and day three of admission,' Meg says. 'Social workers can now identify the barriers to discharge themselves and start working straight away.'

The organisation has benefited as the screening tool has contributed to reduced length of stay, and has helped create capacity to accommodate the patients with deteriorating mental health status in the community and emergency department.

It is abundantly clear that the screening tool is improving client outcomes. Client needs are being addressed earlier and they can be reassured that they are getting support they require.

'Before the screening tool was implemented, social workers often felt overwhelmed with work load, but now they have a plan and feel they are in control,' Meg says.



9.4 DAYS

IS NOW THE AVERAGE LENGTH OF STAY FOR CLIENTS, REDUCED FROM 28 DAYS

The team
HAS IMPLEMENTED A
SCREENING TOOL



FAMILY VIOLENCE

All Victorian health services are now required to formally address family violence through the Strengthening Hospitals Response to Family Violence (SHRFV) project. St Vincent's was one of 15 health services provided with funding in 2016-17 to address family violence.

St Vincent's has progressed a whole-of-hospital model for responding to family violence by establishing a steering committee, appointing a lead and developing modules. As leaders in addressing Elder Abuse, St Vincent's has contributed to an SHRFV Elder Abuse module for all Victorian health services.

ELDER ABUSE

Research estimates that five per cent of older people may be at risk of abuse, neglect and exploitation by someone known or trusted by them. Older adults who are subject to elder abuse face a greater risk of being hospitalised than other seniors.

There is increasing recognition of the importance of the role of health services in responding to family violence. The St Vincent's Social Work team is leading the way, implementing staff training, a policy and a model of care for the protection and support of vulnerable older people.

The framework was developed in response to evidence that:

- ◆ Hospitals can offer a window of opportunity for intervention in elder abuse – people experiencing elder abuse are at greater risk of hospitalisation than other seniors.

- ◆ Health professionals require access to specialised education and training in recognising abuse and intervening.
- ◆ Education and training of health professionals in elder abuse facilitates early identification, prevention and effective management of elder abuse.
- ◆ An anonymous survey of staff found 53% had suspected abuse in the last 12 months, but only 17.7% attempted to explore the situation further and 7% attempted an intervention.

The key features of the model are:

- ◆ High-level governance arrangements – a senior Vulnerable Older People Coordination and Response Group has been established. Members of the group review all data relating to suspected cases, and advises on policy and continuous improvement.
- ◆ A model of care which supports staff to identify pathways for intervention and escalation based on risk, patient choice and safety planning.
- ◆ Data collection and notification – All cases of confirmed, witnessed or suspected elder abuse are notified to the coordination and response group. The data informs process improvement and workforce training.
- ◆ Education – the framework is underpinned by three tiers of competency training for hospital staff.

Left: In August 2017, domestic violence campaigner and 2015 Australian of the Year Rosie Batty made a presentation to St Vincent's staff.





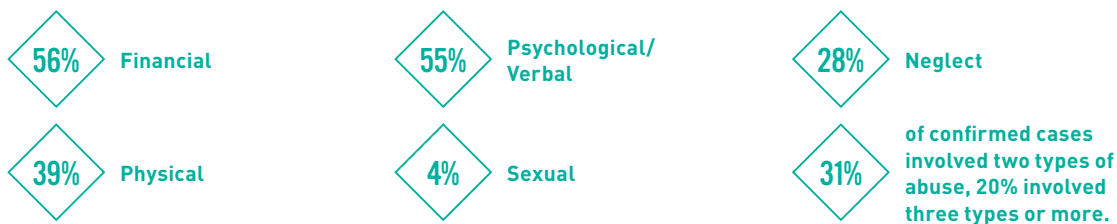
Introducing Megan King, our new Health Justice Lawyer. Megan's role is to work with our various healthcare teams to identify legal issues for older people, particularly around elder abuse, and provide legal assistance and referrals.

St Vincent's achievements are now widely recognised as best practice when it comes to identifying and responding to elder abuse in a health care setting. The Hospital continues to build on its model and play a role in workforce development, particularly in Victoria, by sharing its knowledge and experience.

St Vincent's is also leading the way in collecting data on suspected case of elder abuse:



Results on types of abuse, as a percentage of all the confirmed elder abuse, were:



CASE STUDY: ALEXI

Alexi was 83 years old when Hugo, his partner of 50 years died, leaving Alexi on his own for the first time in many years. Alexi didn't have much family left, and his neighbour Gary, who was in his 30s, started coming around to visit him.

At the beginning, Alexi was grateful. Gary could use the internet, and helped him to pay his bills online. Gary would organise the shopping, and do some cleaning in the house from time to time. Alexi started to rely on him.

As time went on though, Gary became controlling. When Alexi came out of hospital after some minor surgery, Gary had rearranged the furniture without asking Alexi. Gary would collect Alexi's mail, and open it without permission; he would make demands for items in Alexi's house and feeling he had no choice, Alexi would give them to him.

Alexi wanted to make a new will as everything in his current one was left to Hugo. Alexi

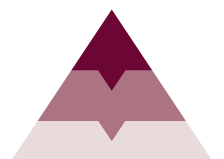
felt pressured, as Gary had started to make comments about what he wanted Alexi to leave him - as well as telling him he should be appointed power of attorney so he could manage Alexi's finances. Alexi wished Gary would leave him alone - he had no intention of leaving anything to Gary, or appointing him as attorney.

Through his St Vincent's social worker, Alexi was put in touch with a Health Justice Partnership (HJP) lawyer who was based at the hospital. The HJP lawyer was able to give some advice on Powers of Attorney, and link Alexi in with pro bono lawyers who could draft a new will for him, without Gary's interference. Alexi's will is now complete and stored in private. He sees Gary less often, but when he does come around, Alexi is no longer worried by Gary's comments as he feels confident in his understanding of his rights.



15

HEALTH SERVICES
DEVELOPING
TRAINING
MODULES



3

TIERS OF
COMPETENCY
TRAINING FOR
HOSPITAL STAFF

QUALITY + SAFETY

In the past 12 months, under the leadership of CEO Susan O'Neill, St Vincent's has embarked on a vision of organisation-wide continuous improvement that is already delivering outstanding improvement in performance outcomes.

In mid-2016, we stepped up our efforts to build continuous improvement capability into our health service. With a strong commitment from senior management, we have been building the foundation to clearly define our purpose and long-term focus and make a conscious investment in improvement capability among our staff. An Executive Director of Performance Improvement was appointed to lead this function.

Improvement activity now takes place at the frontline, with small, structured and continual changes that align to patient needs. Structured, target-based daily management systems have been rolled out across the organisation to embed continuous improvement thinking.

An example of the continuous improvement process in action has been the expansion of the Performance Board and the establishment of an Operational Hub in the heart of the hospital. Every week, over 40 staff attend this highly focused meeting to ensure the identified problems remain in focus, consistent with our strategic domains.

To further imbed continuous improvement into everything we do, we have invested in training to help embed this problem solving approach. General Managers and three full-time seconded redesign facilitators were immersed in three days of lean training. In the last six months we have conducted training for 64 staff, releasing them from their daily duties for two separate three-day education sessions.

IMPROVING QUALITY AND SAFETY

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

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





OUR IMPROVEMENT PROJECTS

EMERGENCY ACCESS COLLABORATIVE

St Vincent's is taking part in a statewide project that looks at our Emergency Department from a patient care lens, improving the experience for patients and reducing the time spent waiting.

St Vincent's is one of 11 health services invited to participate in the Emergency Access Collaborative funded by Better Care Victoria, a DHHS project that is funding innovation efforts across the health system.

The Emergency Access Collaborative takes a whole-of-health service approach to addressing constraints in patient flow impacting on ED performance and has two objectives; to improve four hour length of stay performance to meet the DHHS target and to reduce overall ED length of stay.

47% of our ED patients arrive between 12pm-8pm, causing major delays for some patients. We have trialled and implemented three key initiatives in ED, which have resulted in more timely patient care, while accommodating a sustained increase in demand.

- ◆ Rapid Assessment Team (RAT) – senior up-front decision making in the ED
- ◆ Admitting Gen Med Team – additional registrar during periods of high demand
- ◆ Fast-track 24/7

We created a Rapid Assessment Team (RAT), comprising a senior ED Consultant and Nurse, with 'virtual cubicles' for early medical assessment and initiation of treatment. Average time to treatment dropped by 40%, from 35 minutes to 21 minutes.

To improve the experience for patients being admitted to General Medicine, where average wait times to admission were 161 minutes, we created an Admitting Gen Med Team, resourced with two additional General Medicine registrars during the high demand time of afternoons, which meant patients are getting to their wards in 27 minutes, an 83% improvement.

The allocation of a dedicated overnight registrar and nurse to the Fast-Track area delivered a major boost for patients, with the average time to treatment dropping by up to 65%, from 103 minutes to 36 minutes.

Results to date have been positive. Overall, annual four hour length of stay performance for 2016-17 improved to 69.5%, compared to 65% in 2015-16, with presentation numbers 5-6 per cent higher.

The lessons learnt and experiences from the Collaborative will be shared more broadly across the health sector, encouraging the scale and spread of good practice.



47%

OF OUR ED PATIENTS
ARRIVE BETWEEN
12PM – 8PM



40%

DROP IN TIME TO
TREATMENT, FROM
35 MINUTES TO
21 MINUTES



83%

IMPROVEMENT IN
TIME TAKEN FOR
PATIENTS GETTING
TO THEIR WARDS

MEDICATION SAFETY

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

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

ENKEY PROJECT

The Medication Safety Project Working Group continue to strive to improve processes relating to the storage, transfer of stock, administration and destruction of controlled medications. A major collaborative project was commenced in 2017 between Pharmacy and the Decision Support Unit, to design and build an innovative electronic system to manage Schedule 8 and 11 medications.

The system, called EnKey, will have the capacity to monitor ward stock levels and prompt stock replacement, facilitate transfer of stock between departments, electronically record stock levels and facilitate real time auditing. EnKey will be accessed by computers in the medication rooms and will utilise barcode scanning technology. Implementation of this system will achieve greater efficiency and accuracy for staff when handling scheduled medications and prompt complete documentation of all transactions.

EnKey is currently being trialled in Pharmacy prior to the rollout to clinical areas.



EnKey will be accessed by computers in the medication rooms and will utilise barcode scanning technology.

KEEPING OUR PATIENTS WITH PARKINSON'S DISEASE SAFE

Medicines for patients with Parkinson's disease are effective in relieving symptoms of this incurable condition, but the regimens are complex. Medications need to be taken often and on time to avoid worsening symptoms. Food and other common medications can interfere with treatment and significantly worsen symptoms.

The effort required to prevent harm is not widely understood and is difficult to manage in a busy hospital environment, but that is about to change. The Medication Safety team has implemented a project to help prevent avoidable pain, risk of falls and deterioration in patients with Parkinson's disease.

Thanks to 'Inspired to Care' funding from SVHA, the team is completing a review of how medications are prescribed and administered while patients are in hospital, and using evidence-based tools to support education of clinicians and help enable patient self-care, improving safety and quality of care for people with Parkinson's disease.

With the help of the Decision Support Unit, a new real-time report has been created to identify patients with Parkinson's disease as soon as they present to our hospital.

Medication safety is about getting everything right at the front door, so it is important to manage the real reason patients present to hospital efficiently without causing avoidable harm. Simple interventions that are well implemented can ensure our patients feel safe in our care.

CASE STUDY A

A patient with Parkinson's disease admitted to the ED was quickly identified with the newly developed report. The patient was reviewed as a priority by the clinical pharmacist who found that one of his Parkinson's disease medications had not been prescribed on the medication chart. It was resolved promptly by the medical team and there was no harm to the patient.

CASE STUDY B

A patient with Parkinson's disease scheduled for elective surgery was identified by Perioperative Services. A pharmacist conducted a medication history review before the patient had their procedure. As a result, their complex regimen of medication administration was identified early and review of clinical notes shows that the patient received all medications on time as they passed through surgery and recovery, and then onto the ward. When the pharmacist visited the patient on the ward the next day, every component of medication management was consistent with their needs and the patient was recovering well from the procedure with no complications.



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Medication
SAFETY IS ABOUT GETTING
EVERYTHING RIGHT AT THE
FRONT DOOR



PREVENTING SPREAD OF INFECTION

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

SAB

Staphylococcus aureus Bacteraemia (SAB), sometimes known simply as Staph infection, is an infection typically acquired in hospital. The rate of SAB infection for 2016-17 was 0.5 per 10,000 bed days, which is significantly lower than the target of 2 per 10,000 bed days.

CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS

Central line infections can occur when a central line – used to give fluids and medications – is inserted into a major vein. St Vincent's rate of central line-associated bloodstream infection is 0.5 per 1,000 device days.

CONTROLLING INFECTION THROUGH HAND HYGIENE

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

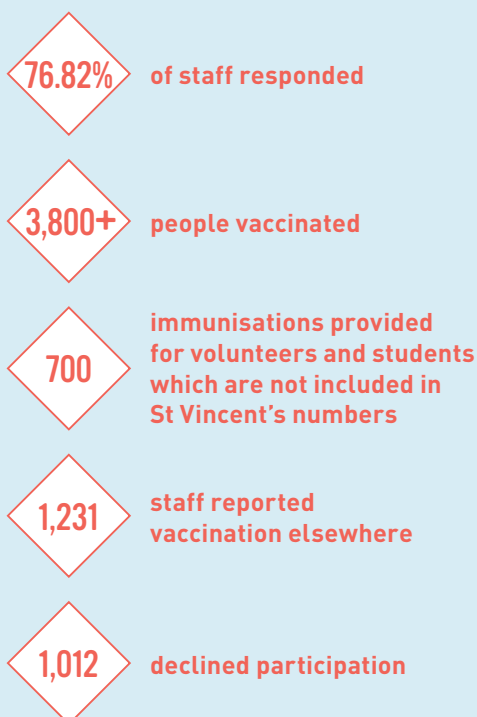
The Department of Health and Human Services has set the minimum compliance rate for health care workers at 80%. St Vincent's measures hand hygiene compliance three times a year. With an overall compliance rate of 81.4% for 2016-17, St Vincent's is performing above the Victorian standard.

INFLUENZA VACCINATION

Every year in Australia there are over 96,000 recorded cases of influenza. High immunisation rates for healthcare workers are essential to reduce transmission of influenza in healthcare settings.

The Department of Health and Human Services (DHHS) set a target of 75% of healthcare workers to be vaccinated. St Vincent's conducted a vaccination campaign over a 14 week period. This includes consent for vaccination, confirmation of vaccination elsewhere and declination of vaccination.

AT THE COMPLETION OF THE CAMPAIGN:



SAFE AND APPROPRIATE BLOOD TRANSFUSION

St Vincent's transfused around 9,200 units of fresh blood components in 2016-17 with cardiothoracics, orthopaedics, haematology and oncology departments being some of the biggest users.

St Vincent's have policies, procedures and protocols that reflect best practice and national evidence based guidelines. A Transfusion Bulletin is published periodically to share wastage figures, audit results, policy updates, incident summaries, transfusion activity and general transfusion safety advice. Additionally, all reported transfusion reactions, massive transfusions and use of emergency O negative blood is reviewed by the St Vincent's Haemovigilance group.

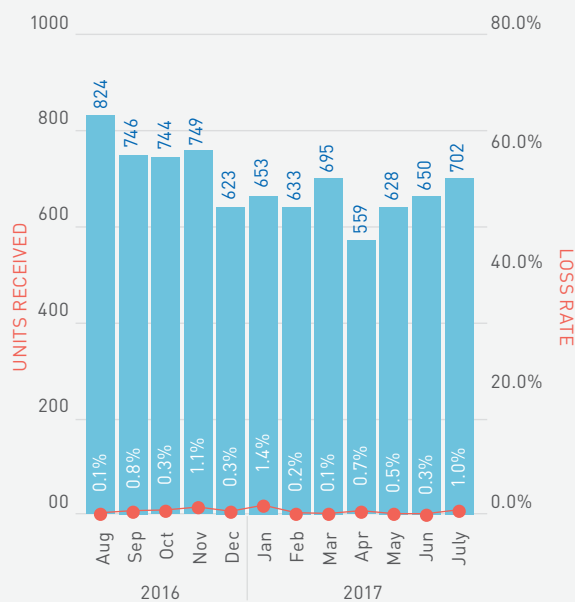


MINIMISING WASTAGE

Health services are required to take action to minimise the wastage of blood and blood products. The St Vincent's Transfusion Committee and Transfusion Quality Officer work collaboratively to ensure that patients' transfusion requirements are met, while at the same time wastage of this precious resource is minimised. The Transfusion team monitors the use and waste of blood products very closely.

During 2016-17, the blood component wastage target of two per cent has been consistently exceeded. This excellent performance is the product of strict control over laboratory inventory and product waste levels and a result of the hard work and collaboration of the Transfusion Quality Office and the transfusion laboratory as well as transport, nursing and medical staff.

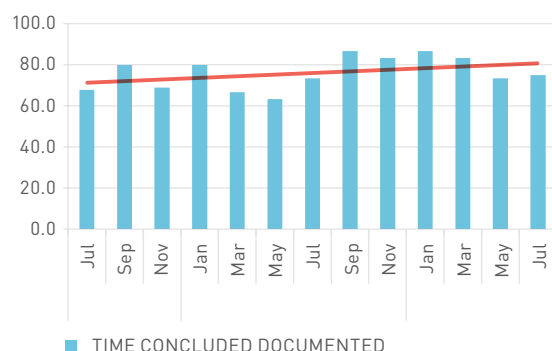
Red Cells Units Received and Fate



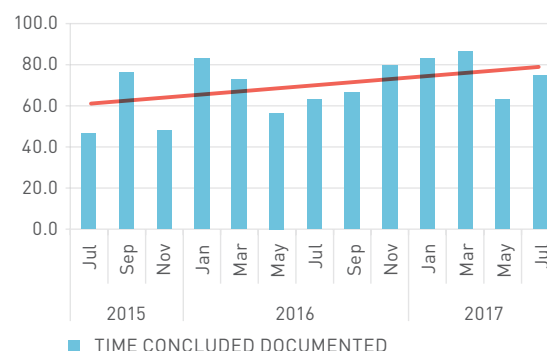
IMPROVING DOCUMENTATION

Routine auditing of documentation has highlighted deficiencies in the recording of transfusion conclusion times and observations. An improvement project was implemented in August 2015 to remind staff administering transfusions to record the time a transfusion finishes along with a set of observations. Since the introduction of this project, there has been a 15% increase in compliance.

Conclusion time documented



Completion observations complete



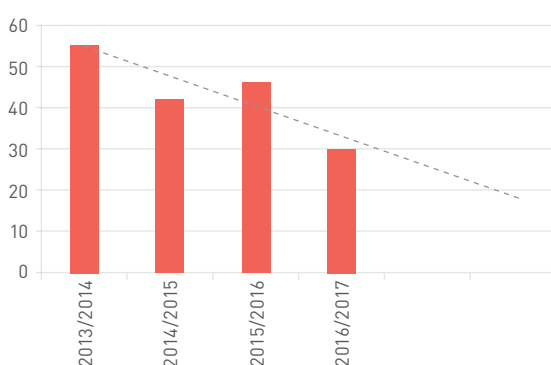
PREVENTING FALLS

St Vincent's has set itself a target to decrease falls by 50% over three years, commencing in July 2015. Currently, the threshold across the whole organisation is 100 falls per month and a zero 'falls with serious harm' culture.

FALLS RESULTING IN SERIOUS HARM

St Vincent's has a culture of zero falls with serious harm. Any fall resulting in serious harm has a thorough investigation to provide improvement opportunities and actions. Falls resulting in serious harm continue to decline and St Vincent's has seen three months in 2016-17 without falls resulting in serious harm – something not seen since 2010.

Total Falls with Serious Harm



YOUR CARE, YOUR WAY

Your Care, Your Way is a new way of looking at falls and improvement strategies, developed by the Falls Project Working Group.

Your Care, Your Way is an engaging, ward based program specifically aimed at a particular area with a particular patient cohort. Data is analysed and broken down to find specific contributing factors to falls and establishing/identifying any gaps. Gaps are then studied by a multidisciplinary team of staff to develop countermeasures and take ownership.

The benefit of this program has been demonstrated by a 50% reduction in falls within the Geriatric Evaluation Management Unit, with the roll out continuing organisation wide.

WHAT IS A SLIP STOP?

A Falls SLIP Stop (or post fall huddle) brings together key members of the multidisciplinary team as soon as possible after a fall to look at all the factors that contributed to the fall. The SLIP Stop not only provides an immediate re-assessment of the patient but is designed to identify environmental, situational or ward factors that may have contributed to the patient fall.

By identifying the root cause of a fall, each ward and the organisation can identify where systems and processes can be strengthened to prevent future falls.

A SLIP Stop consists of two steps following a patient fall:

Step 1: Stop, Look, Investigate, Prevent (SLIP) – an immediate assessment of the patient and the factors that were involved with the fall.

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

What have we identified so far?

Information gained at the PIT stops demonstrate that the most common contributing factors to falls include patient cognition, continence management, and patient engagement particularly for CALD patients.

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

GEM UNIT... A CREDIT TO YOU

The Fitzroy Geriatric Evaluation and Management (GEM) Unit is a 22-bed unit that cares for complex patients with a range of medical, physical, psychological and social issues associated with the ageing process.

GEM Unit has many patients who are a falls risk, which can result in serious injury and complications. The team has undertaken an ongoing improvement project to minimise the risk of falls and review management of falls.

'A review of falls revealed that most patients were falling when staff were not actively supervising them,' GEM Nurse Unit Manager Kate Allen says. 'An activity follow was conducted to determine how often patients were not under direct visualisation.'

An activity follow is used to document minute by minute what the nurse is doing during the shift.

'After the activity follow, we set an initial target to increase the time patients are directly supervised from 21 minutes each hour, to more than 30 minutes each hour,' Kate says.

'A 'quick fix' identified early in the project was to improve the way Proximate Alarms were being used on the ward. Staff had become desensitised to alarms and each nurse was carrying multiple pagers, causing delayed response times.

The team consulted with Medical Engineering to improve the programming of Proximate Alarms. Alarms were then grouped together on dedicated pagers so that no more than two pagers are carried by one nurse during the shift and two 'Gold' pagers are carried by night shift which are connected to all Proximate Alarms.. Extra pagers are left in the nurses' station and Allied Health station to encourage all staff to be accountable for falls minimisation.



'A second activity follow showed an eight per cent increase in direct patient supervision. A Standard Operating Procedure has been developed to maintain the new process.'

GEM Unit has reduced falls by half during 2017. In addition, there has not been a fall resulting in serious harm in the same period.

A Falls Minimisation Team has been established, dedicated to continuing to improve local falls prevention. Their work has informed an organisation wide project called Your Care, Your Way, which aims to share the learnings from GEM's approach to falls prevention and improve local engagement with reducing falls.

'We will continue to identify and address issues that affect direct patient supervision as they come up, and share those outcomes throughout the organisation.'



GEM Unit has halved the number of falls during 2017. In addition, there has not been a fall resulting in serious harm in the same period.

Average Monthly Falls



2015



2016



2017
(Jan - Jun)

Serious Harm falls



2015



2016



2017
(Jan - Jun)

FALLS PROJECT WORKING GROUP

The falls project working group meet monthly to discuss all falls incident data and trends. Based on the ongoing trends, actions are developed, discussed and support offered.

The Falls Risk Assessment Tool is undergoing a full review in the next six months. This will now include sections on patient engagement, ensuring that patients, families and carers fully understand the importance of supplying a detailed falls history on admission. This falls history will then be used by staff to develop a falls prevention plan while in our care.

The annual Falls Expo allows staff from all fields to be involved in promotion and awareness of various falls minimisation strategies. The stall holders come from all departments including allied health, nursing and volunteers. The expo is open and welcomes both staff and patients to attend.

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

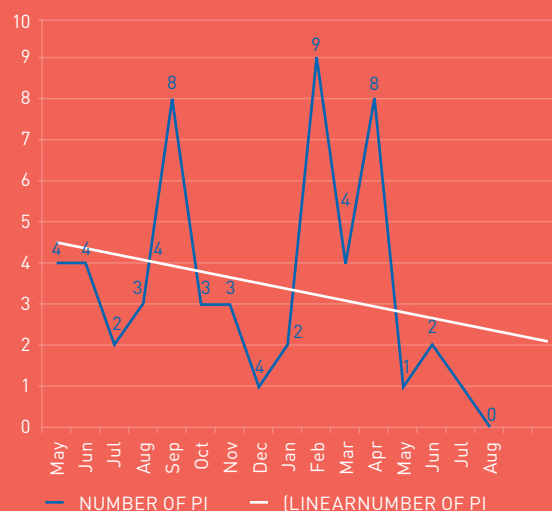
PRESSURE INJURY INCIDENCE

The St Vincent's Skin Integrity Working Party (SIWP) reviews pressure injury occurrence on a monthly basis using data from the Victorian Health Incident Management System (VHIMS) as well as coded information gained from medical records.

We aim for zero serious harm pressure injuries. After any pressure injury resulting in serious harm, staff complete a PIT Stop and develop an action plan addressing any areas requiring improvement. Results are reported to the SIWP and the working party work together to identify solutions to recurring problems.

Serious harm pressure injuries have continued to decline even as hospital activity increases.

Number of pressure injuries resulting in serious harm 2016–2017



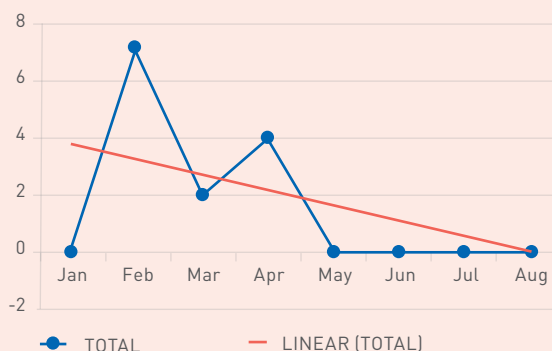
ACTION: 'I SEE YOU'

Following a number of serious harm pressure injuries, the Intensive Care Unit (ICU) and the SIWP have introduced a skin round team called 'I See You'.

The team meet weekly to see as many patients as possible. This team promote at the bedside education, trouble shooting and a culture of pressure injury prevention.

The 'I See You' team has resulted in a steady decline in serious harm pressure injuries over the first six months of 2017, with no serious harm injuries over the last four months of 2016–17. The team has also identified further areas for improvement.

ICU Hospital Acquired Serious Harm Pressure Injury 2017

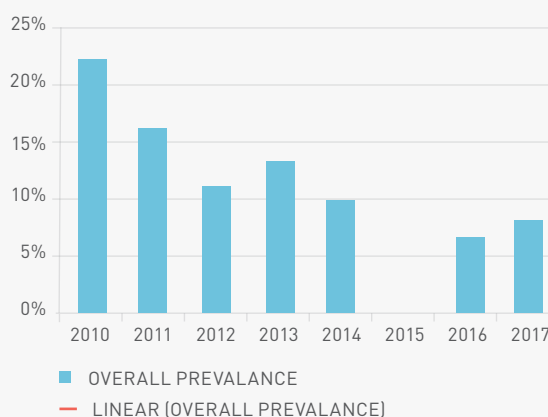


HOSPITAL POINT PREVALENCE

The SIWP conduct an annual Pressure Injury Point Prevalence Survey (PIPPS). The results of this survey are used to identify improvement activities to inform the SIWP action plan.

The data of most interest is that of hospital acquired pressure injuries. These are the injuries that health professionals can prevent. Stage 1 pressure injuries are included in this survey. The point prevalence of patients with hospital acquired pressure injuries in this year's survey is eight per cent. There is minimal difference from last year's result of seven per cent but the prevalence over the last seven years has been declining.

Prevalance of pressure injuries



ACTION: USE OF EQUIPMENT

In 2016 the survey identified that the majority (46%) of pressure injuries were located on the heel.

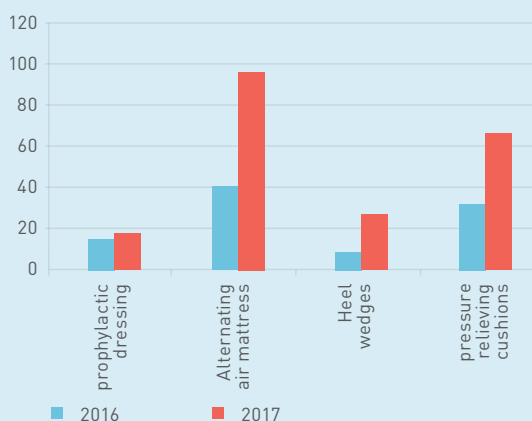
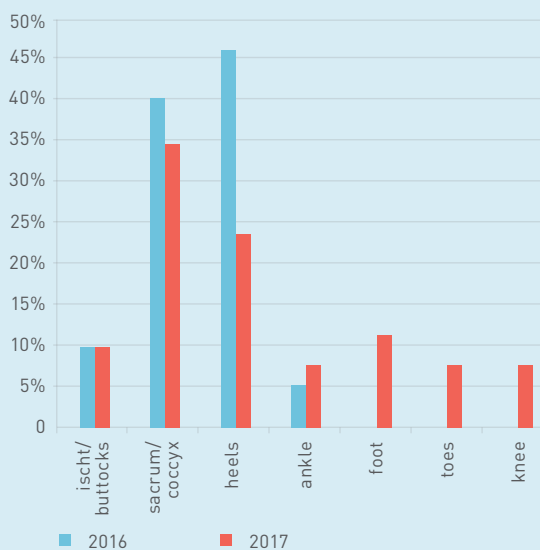
As a result, the SIWP develop actions to assist in the prevention of heel pressure injuries, including:

- ◆ increased use and awareness of heel wedges
- ◆ improved access and increased use of alternating pressure air mattresses (APAM)
- ◆ increased use and awareness of prophylactic heel dressings
- ◆ reiterating the importance of daily skin assessments that include viewing the heel

The PIPPS survey 2017 identified that these strategies had been implemented effectively with a notable reduction in the percentage of heel pressure injuries from 46% to 22%.

The aim of the SIWP was to promote the prevention of heel pressure injuries through the use of prevention devices. The use of alternating pressure air mattresses has doubled in 12 months as has the use of heel wedges and pressure relieving cushions.

Location of Pressure Injuries



PUBLIC SECTOR RESIDENTIAL AGED CARE

St Vincent's has three residential aged care homes which contribute to the Victorian Department of Health and Human Service's Quality Indicator Program.

Auburn House and Riverside House are both 30 bed high care psychogeriatric aged care homes. Residents are generally younger and more active, but have more complex social and psychiatric care needs.

Cambridge House is a 30 bed mainstream facility specialising in care for residents from a diverse range of cultures with complex medical and functional care needs.

All three homes are active contributors to St Vincent's quality improvement systems. A best practice, resident centred approach is embedded into the continuous quality improvement cycle.

The Quality Indicator Program provides feedback to management, residents and families about the facility's quality and safety performance and against other public sector homes.

Reports are provided quarterly in an easy to understand consumer and agency summary format. The reports are used to monitor performance and drive improvements in care and safety.

Pressure injuries

St Vincent's residential aged care homes have not identified any pressure injuries through the audit program over the past 12 months.

Falls

There has been an overall reduction in falls and falls with fractures at St Vincent's residential

aged care homes over the last five years. In 2016-17 the falls rate continued to show a small improvement.

Falls with fractures are uncommon and we work hard to ensure that all residents are assessed, supervised and have the appropriate equipment available to them to help prevent falls.

Multiple medications

There has been a gradual decline over the last five years in the number of residents taking nine or more medications. In 2016-17 we identified a slight increase in the number of patients on nine or more medications and a program has been put in place to improve and monitor medication prescribing.

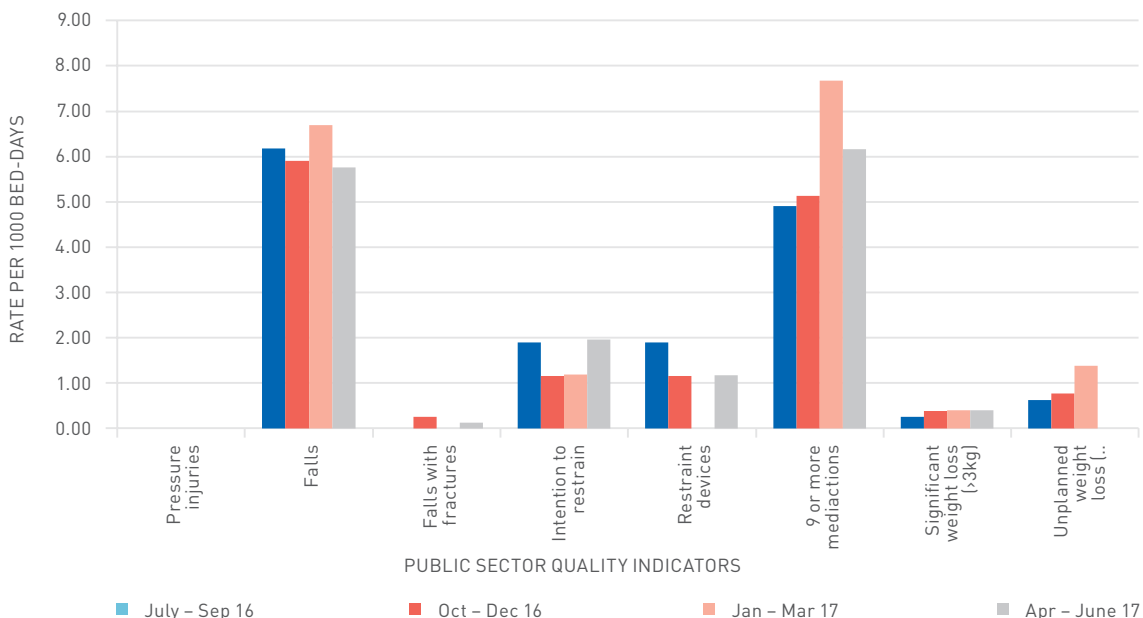
Restraint and restraint devices

There has been a significant reduction in the use of restraint and restraint devices over the past five years. The decision to restrain is carefully balanced between the safety needs of the resident, their family wishes and is constantly monitored and reviewed by our care teams.

Weight Loss

Overall the incidence of weight loss by residents is significantly lower than that of similar sized services. Our homes have access to a dietitian, a broad range of food choices and nutritional supplements. All residents are closely monitored for weight loss.

Using quality indicators to monitor clinical risk in residential aged care





ACCREDITATION AT ST VINCENT'S

St Vincent's Hospital has 16 sites that are regularly reviewed by a number of accreditation organisations.

St Vincent's has been accredited by the Australian Council on Healthcare Standards (ACHS) since 1976. Our four residential aged care facilities – Auburn House, Cambridge House, Prague House and Riverside House – are fully accredited with the Aged Care Standards and Accreditation Agency (ACSAA). The general practice clinics 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.

St Vincent's received accreditation, with all criteria met, in October 2015. The surveyors 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.

Outcome – St Vincent's received 59 "Met with Merit" ratings and Australian Council on Healthcare Standards (ACHS) Accreditation is awarded subject to continuous evaluation and quality improvement until 4 January 2019.



16

SITES THAT ARE
REGULARLY REVIEWED
BY ACCREDITATION
ORGANISATIONS



1976

ST VINCENT'S HAS
BEEN ACCREDITED
BY THE ACHS FOR
OVER 40 YEARS



59

"MET WITH MERIT"
RATINGS RECEIVED

ADVERSE EVENTS

In March 2017, the Quality & Risk department launched a new Incident Investigation Process across St Vincent's, featuring a multi-tiered incident investigation framework. The framework was developed to ensure robust follow up of adverse events and the development of appropriate action plans to mitigate risk.

All serious incidents or serious near misses require a PIT Stop (Patient Injury Timeout, Stop Now not Later). The focus of the PIT Stop is to conduct a timely investigation with all key staff who were involved, including the patient/family where appropriate. The team review 'what, where and why' the adverse event occurred, and what measures are required to reduce the likelihood of that adverse event occurring again.

Other improvements as part of the new Incident Investigation Process include:

- ◆ a patient centred approach to incident management, with the PIT Stop often occurring at the patient's bedside
- ◆ progress of investigations are monitored weekly at the Executive Performance Board meetings
- ◆ lessons learnt are shared across the health service
- ◆ more accountability for investigations

SENTINEL EVENTS

Sentinel events are infrequent events that occur in health services as a result of systems and process deficiencies. There are nine defined sentinel event categories in Victoria. If an incident occurs that meets the definition, the health service must report the event to the DHHS.

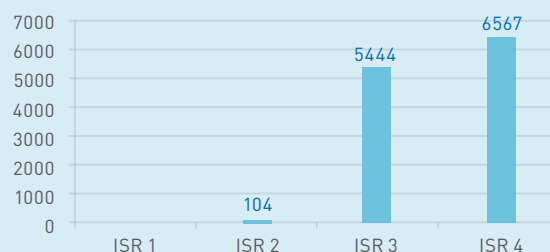
The categories are:

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

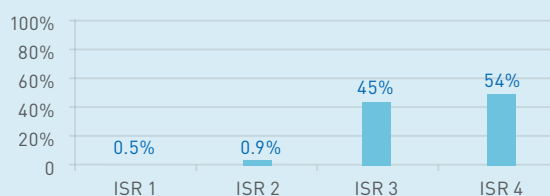
In 2016-17 St Vincent's reported six sentinel events to the DHHS, two in the suicide category and four in the other category; three patients who fell with serious consequences and a patient who died from an equipment related complication post surgery.

The six sentinel events which were all rated as ISR 1 incidents – the highest 'incident severity rating'. St Vincent's also reported 106 incidents that were rated as ISR 2 (serious injury).

Clinical Incidents 2016 –2017



Clinical Incidents 2016 –2017



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

- ◆ Review of local and health service wide policies to include more detailed information
- ◆ Development of a Standard Operating Procedure with a team approach to decision making
- ◆ Development of new Short Stay Admission Form to include additional screening questions about a patient's history of vasovagal/fainting and needle phobias
- ◆ Implementation of patient call bells in an ambulatory health care setting (MediHotel) to enable patients to alert staff if feeling unwell
- ◆ Implementation of a process to ensure that patients medications are reconciled by a Pharmacist within an agreed timeframe post admission
- ◆ Development of a screening tool to assist staff with decision making in identifying patients appropriate for transfer
- ◆ Implementation of medication administration rounds prior to the evening meal to provide increased staff supervision at dinner time
- ◆ Implementation of additional observation monitoring equipment
- ◆ Development of a checklist to assist staff with decision making when considering ceasing equipment to prevent falls
- ◆ Development of a checklist for patients undergoing an echocardiogram with a prompt for adverse events to be handed over
- ◆ Purchase of additional proximate alarms which will be stored in the Central Equipment Library.



77%

**CURRENT SURGEON
PARTICIPATION RATE**

©R21W2

VICTORIAN AUDIT OF SURGICAL MORTALITY PROGRAM

The Victorian Audit of Surgical Mortality (VASM) Program aims to ensure a high standard of surgical management across the state and provide peer review of all deaths that occur during a surgical admission. Participating surgeons complete case forms for all patients who have died following a surgical admission at hospital. The case forms then undergo a review by an independent auditor and in some cases a second line review is undertaken. The aim of the audit is to identify improvement opportunities in surgical management. These opportunities are provided back to surgeons and hospitals in the form of case booklets and an annual report. Participation of surgeons in this program has increased over time and it is now a compulsory component of the Australian and New Zealand Surgical Audit of Mortality for Continuing Professional Development (CPD) compliance.

In the 2015 VASM Report to stakeholders, a range of recommendations were provided based on the outcomes and themes identified by the audit. St Vincent's has worked towards addressing these recommendations in a variety of ways. For example, VASM recommended that hospital have Improved Leadership in Patient Management, so that where there are complex problems, there is 'clear, demonstrable leadership' and that the 'treatment plan for each patient should be understood by all involved in their care'.

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

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

PLANNING

ADVANCE CARE

Advance Care Planning (ACP) is a process of planning for future health. You can discuss and write down your values, beliefs and preferences, which can guide health decision making in the future if you cannot make or communicate your own decisions due to lack of capacity.

bestCARE, St Vincent's ACP program, is in line with the Victorian State Government policy.



Percentage of admitted patients aged 75+ years with an ACP and/or substitute decision maker

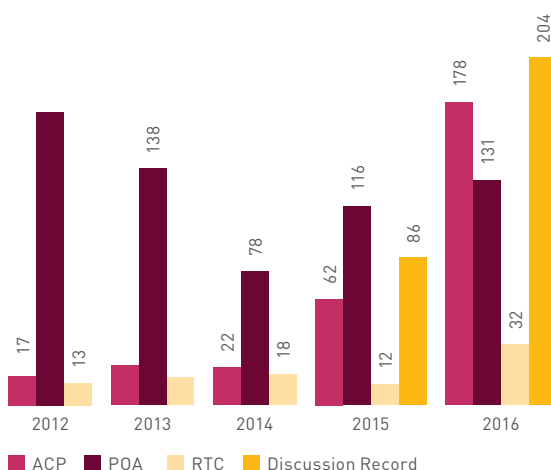
Result	4%
DHHS Target	50%
Average age of ACP completion	71 years

Since the introduction of ACP at St Vincent's, there has been an increase of 709% in documented ACPs in Medical Records Online (MRO) from 2014 (pre-implementation) to 2016 (second year of implementation). In 2015, which was the first year of implementation, ACPs almost tripled. The number of ACPs again tripled in 2016.

St Vincent's has put in place a number of strategies to improve our ACP completion performance including:

- ◆ Development of an educational video aimed at clinicians to improve knowledge about ACP documents
- ◆ ACP and substitute decision maker question has been added to the acute care medical admission form
- ◆ Implementation of the Medical Treatment Planning and Decisions Act 2016

NUMBER OF DOCUMENTS BY YEAR



71
AVERAGE AGE OF ACP
COMPLETION



204
PATIENTS WITH ENTRIES
IN 2016





ACP DISCUSSION RECORD

We acknowledge that developing an ACP can take time and involve multiple conversations. As a result, the ACP discussion record was developed. This allows patients to have their values recorded centrally in one place. This record of conversations and progression of conversations is a vital component.

Since its introduction in July 2015, there were 86 patients with entries for 2015, this almost tripled in 2016 with 204 patients with entries.

With the legislation changing next year with the introduction of the Medical Treatment Planning and Decisions Act, 2016 on 12 March 2018, there will be significant changes to ACP.



39

NO. OF PATIENTS WITH
AN ACP WHO DIED AT
ST VINCENT'S



37

NO. OF PATIENTS
WHOSE WISHES WERE
RESPECTED

CASE STUDY

Mrs AB is an 87 year old woman with advanced cancer, who had been discharged home from another hospital to be cared for by community palliative care with her husband and family.

Mrs AB made her husband Medical Power of Attorney and had completed an Advance Care Plan (ACP). Although Mrs AB was not wanting resuscitation or CPR, she still wanted care to assess and treat reversible conditions. A key driver for this was she had a 58 year old son who also had cancer and she wanted to be alive for his likely death before hers.

Unfortunately, Mrs AB deteriorated rapidly and became significantly confused, poorly responsive and was not interactive. The family and Community Palliative Care thought she was dying so she was referred to Caritas Christi Hospice (CCH) for End of Life Care.

After the initial assessment on admission, it was felt Mrs AB had a hypoactive delirium secondary to a low grade infection. With her husband as Medical Power of Attorney, alongside Mrs AB's ACP, a discussion took place in which the husband advocated to the medical staff for antibiotic treatment.

Meanwhile their son had also been admitted to another hospital and his condition had deteriorated rapidly and he was dying. This was not known to Mrs AB as she was unwell and suffering from delirium.

Their son also had an ACP and had appointed his sister as Medical Power of Attorney. He had requested that he didn't want any ongoing interventional care. However, he requested to his sister that if there was any possibility he would like to see his mother again before he died. Mrs AB woke from her delirium and became aware a day later that her son was expected to die across town in another hospital. As he deteriorated so rapidly, it was anticipated he would die very soon and was too unwell and fragile to transfer to see his mother. Similarly, Mrs AB was too unwell to transfer to the hospital where her son was.

Mrs AB's condition improved slightly, however she was resigned to not seeing her son. With ongoing communication, the social workers at CCH and the son's hospital, as well as Ambulance Victoria, arranged a transfer of the son to CCH. This was supported by the ACP and his sister who was Medical Power of Attorney.

For four days, in rooms next to each other, Mrs AB and her son spent time together. He was semiconscious in bed, and Mrs AB sat next to her son in a special chair. On one occasion he woke and acknowledged his mother's presence. She was with him in his room at the time of his death.

CCH staff are now working with the family to hopefully allow Mrs AB to attend her son's funeral and consider realistic goals of discharge back home.

For further assistance with Advance Care Planning speak to your doctor or health care team. For an information pack on how to do Advance Care Planning please contact the Advance Care Planning Program Manager, Caroline Scott, on (03) 9231 2847 or at bestcare@svhm.org.au



ESCALATION OF CARE

At St Vincent's patients and their families are encouraged to speak with their nurse or doctor if they have concerns regarding any deterioration in their health, through the 'Keeping you safe' brochure and poster displayed through the health service.

Many wards do bedside handover, which is a key opportunity for patients and families to raise their concerns about deterioration.

St Vincent's piloted a three step approach, whereby patients and families could escalate care outside of their treating team. The pilot raised many limitations of such a model including making this accessible to CaLD patients. This presents some challenges as

although the information may be supplied in other languages, the responder who is the most appropriate clinical health professional to answer these calls, will likely only speak English. The evidence supporting family escalation in the adult population is limited and there is little data to support improved patient outcomes.

St Vincent's staff attended a forum run by Safer Care Victoria on Family Escalation of Care. St Vincent's, along with the hospitals present recommended Safer Care Victoria take responsibility for a state-wide system, similar to Queensland Health.

END OF LIFE CARE

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

The definitions and elements of the consensus statement have been incorporated into the End of Life care policy document which includes an end of life framework which aligns with the ACSQHC document.

St Vincent's has collaborated with the ACSQHC in becoming one of nine hospitals across Australia to undertake a broad ranging audit of end of life care in our acute hospital. The results from this audit will drive improvements and change in end of life care at St Vincent's.

The End of Life Care working group has developed resources and education to empower staff to ask 'Could this patient be dying?' to address the challenges of recognising dying. The working group is undertaking organisation wide implementation of the Care Plan for the Dying Person (PDP) - Victoria, to ensure consistent and optimal end of life care.

The working group has also taken action in response to Victoria's end of life and palliative care framework: A guide for high-quality end of life care for all Victorians.

The definitions of the DHHS framework are incorporated into the end of life care policy and framework. The actions described about around auditing, educating and implementing the CPDP-Victoria (which was developed under the auspices of the DHHS and is endorsed and strongly recommended for use in Victorian hospitals) all align with the stated goals of the framework.

Empowering

**STAFF TO ADDRESS THE
CHALLENGES OF
RECOGNISING DYING**





In 2016-17, St Vincent's implemented a safety culture change program, resulting in a major improvement in workplace safety.

The initiative included stronger governance, leadership training and a communication focus on the importance of safety. We set targets and used problem solving tactics to deliver measureable improvements.

The Early Intervention Program (EIP) continues to provide effective injury management. The program supports staff to seek priority medical assistance in the first few hours following an injury. Where injury management is required the EIP is used by over 75% of our injured workers.

Other initiatives include:

- ◆ Hazard management training to our support staff
- ◆ Specialised training to decrease the risk of injuries from patient manual handling
- ◆ Dedicated OHS contingency fund
- ◆ Security improvements to infrastructure and service provision
- ◆ A new fleet of lighter weight meal trolleys at St George's Hospital

OCCUPATIONAL VIOLENCE AND AGGRESSION

Occupational violence is a serious issue among health services. Healthcare workers are often faced with physical and verbal aggression and violence from patients, residents and visitors.

St Vincent's has a robust occupational violence program with a focus on prevention, early intervention and de-escalation. Post incident support is available through the STAR Program.

In 2017, WorkSafe Victoria launched a campaign against occupational violence and aggression in healthcare to help spread the message that this behaviour 'is never OK'.

Improvements to address occupational violence and aggression

- ◆ An additional security officer rostered for evening shift
- ◆ Analysing our code grey/black reports to determine areas where staff face the greatest risk
- ◆ St Vincent's representation on the Ministerial Occupational Violence Reference Group
- ◆ Investigating incidents and making changes based on the outcome of these investigations
- ◆ Promotion of 'It's Never OK' campaign - with posters in public areas, as well as staff information in tea rooms



LOST TIME INJURIES

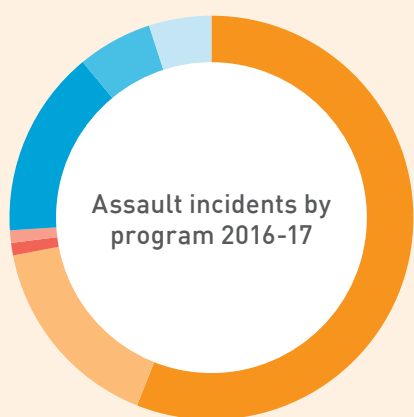
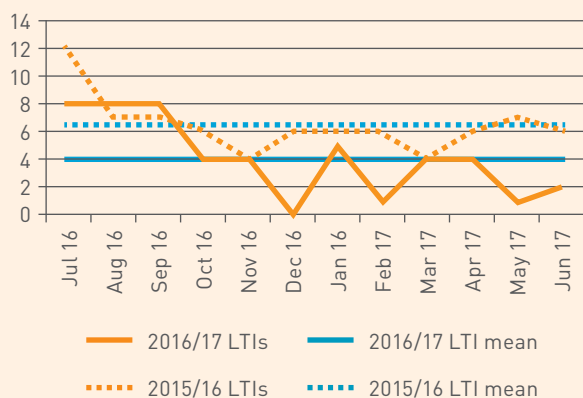
LTIS 2016-17

49

MONTHLY AVERAGE HAS REDUCED
FROM 6.4 IN 2015-16 TO 4 IN 2016-17

MONTHLY AVERAGE
FOR JAN-JUN

2.83



Assault incidents by
program 2016-17

Mental Health, Aged & Community Services	56%
Medicine & Emergency Services	16%
Corporate Support	1%
Clinical Support	1%
Cancer & Community Services	15%
Surgical Services	6%
Specialty Services	5%
Mission	0%
Finance	0%
Other	0%

Assaults make up:



38%
of all
incidents



16%
of all
injuries



1%
of serious
injuries

THE STAR STAFF SUPPORT PROGRAM CELEBRATES 20 YEARS

Providing healthcare brings many emotional demands. Most of the time, health workers can manage the impact of stressful events, but sometimes they need assistance. Thankfully, the STAR program helps staff cope with stress from critical incidents.

The STAR program ensures that clinicians and other staff have someone they can turn to who understands; someone they can trust; and someone familiar, at times when workplace stress, critical incident stress, or the demands of personal life can become too much.

The STAR program was established in 1997 to assist participants to cope with stress and anxiety, stay connected with work both physically and emotionally following a stressful event, make employees feel valued by the organisation and assist employees to seek professional assistance if required.

From humble beginnings, STAR has expanded to be a widely accessed program by 100 volunteers and supports 1,000 colleagues per year. It has built a reputation as Australia's leading peer support program in the health industry.

The STAR Program has proven to be a valuable service. Studies have shown that STAR has a positive influence on an individual's ability to deal with stress. It has also been proven to reduce sick leave and assist with staff retention, with less leave taken by STAR users.

ETHOS PROGRAM

In July 2017, St Vincent's implemented the Ethos Program, part of our commitment to solving the problem of bullying and inappropriate behaviour. Ethos will help us to address the link between staff safety and respect – and patient outcomes.

Ethos is a peer-led early intervention program that includes training for staff on how to speak up, and an online reporting tool for staff to submit reports about behaviour in a safe and confidential manner. Ethos includes a process for staff feedback, delivered to staff in a confidential and respectful manner by a trained Ethos Messenger.



30%

DECREASE IN
SERIOUS INJURIES



260%

INCREASE IN HAZARD
REPORTING



250%

INCREASE IN
QUARTERLY
WORKPLACE
INSPECTIONS



28%

INCREASE IN
INCIDENT REPORTING,
IN PARTICULAR
THE REPORTING
OF MINOR INJURIES
AND NEAR MISSES