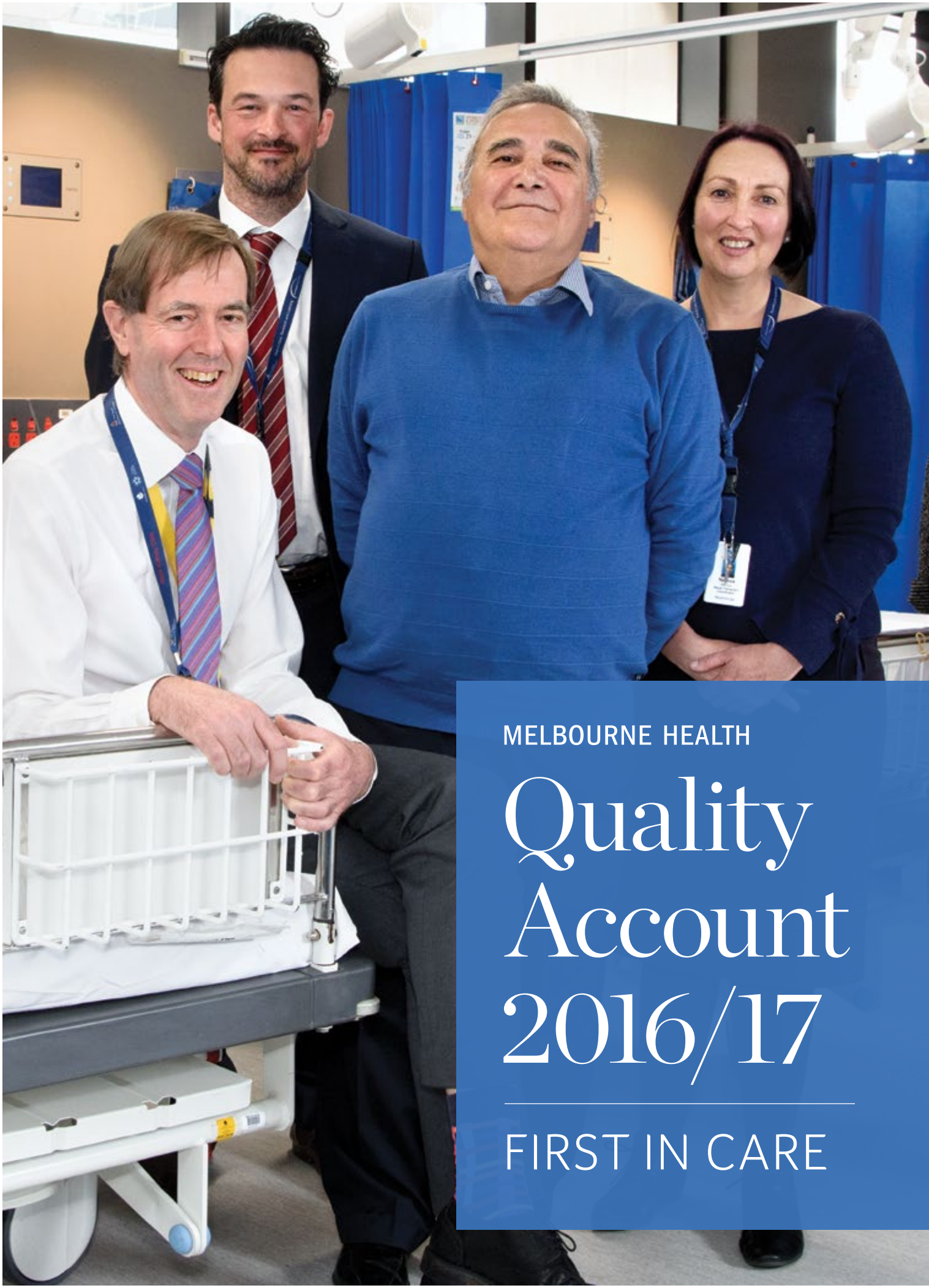

MELBOURNE HEALTH

Quality Account 2016/17

FIRST IN CARE

Our cover picture features kidney transplant patient Albert who received a new kidney in June 2017 as part of the Australian Paired Kidney Exchange Program. Albert is surrounded by members of his care team from the renal unit. Pictured: Johnny Attallah, Susan Fisher, Steve Holt, Doris Yip, Paul Champion de Crespigny, Peter Hughes, Albert Fenech (patient), Narissa Andrew, Emma van Hardeveld, Camelo Mirasol, Tom Barbour.

First in Care, Research and Learning

Melbourne Health acknowledges the traditional owners of this land, the Wurundjeri people of the Kulin Nation. We pay respects to their Elders, past and present.

TELL US WHAT YOU THINK

We hope you enjoy reading this Quality Account 2016/17. It provides us an opportunity to showcase how we are working to help improve the health and wellbeing outcomes for Victorians.

Please don't hesitate to contact us to let us know what you think of this document, or what sort of information you would like us to share with you.

By telling us your thoughts, you will help make this report and our services best meet your needs.

thermh.org.au
consumerliaison@mh.org.au
RoyalMelbourneHospital
TheRMH

Melbourne Health Quality Account 2016/17

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Design: Ckaos
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Snapshot

THE YEAR IN REVIEW

98,913 people discharged from Melbourne Health in 2016/17

Around **40** helicopters landed each month at the RMH City Campus

More than **74,000** people came to the RMH emergency department in 2016/17

126 kidney transplants in 2016

88% patients happy with the way staff have explained the purpose of their discharge medication

Hand Hygiene Compliance Rates
80% target

75.6%
2015/2016

81.7%
2016/2017

23,920
ELECTIVE THEATRE PROCEDURES AT THE ROYAL MELBOURNE HOSPITAL

331,000
PEOPLE RECEIVED SERVICES FROM NORTHWESTERN MENTAL HEALTH

489
VOLUNTEERS ACROSS MELBOURNE HEALTH

1.38m
PUBLIC TESTS CARRIED OUT BY OUR PATHOLOGY SERVICE
TESTS CARRIED OUT BY OUR PATHOLOGY SERVICE

184,109
OUTPATIENT APPOINTMENTS IN 2016/17

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OUR COMMUNITY ADVISORY COMMITTEE

The Quality Account is developed in consultation with our lead Community Advisory Committee (CAC). Our Consumer Advisory Committee is one of many advisory groups that Melbourne Health works with to ensure the voices of our patients and clients, partners and communities are heard. The Community Advisory Committee provides oversight and help to monitor the approach we take to consumer and community involvement, acting as advocates to our Board on behalf of those who may be disadvantaged or vulnerable.

Our heartfelt thanks to our CAC members for their tireless contribution to Melbourne Health and our patients and clients.

BELOW: Melbourne Health Consumer Advisory Committee: Top (L–R): Sue McFarlane, Ljubica Petrov, Linda Mack, Jane Bell (Chair). Bottom (L–R): Graeme Walker, Andrew Brookes, Audrey Cheah. Absent: Sue Sherson, Keith Donohoe, Annette Mercuri, Michelle Swann.

WELCOME FROM OUR CHIEF EXECUTIVE

Melbourne Health has been on a journey towards greater financial sustainability, enhanced performance, improved quality and safety, and higher levels of staff and patient satisfaction.

And behind the scenes, ours is a story of inspiration, commitment and compassion.

Our aim is simple – we want to make Melbourne Health the best place to be treated and cared for. Last year, we provided over 98,900 inpatient services across our acute, sub-acute, mental health and residential care facilities. While this number is impressive, more importantly it represents the tireless efforts of our thousands of staff, volunteers and healthcare partners who dedicate themselves every day to save lives and improve the wellbeing of individuals and communities.

This report is a snapshot of our achievements throughout 2016/17 and highlights improvements to the quality and safety of our services and care to our patients and clients.

I am delighted to present the Melbourne Health Quality Account and hope it provides you with an insight into the people who work here and the different ways we look after all Victorians, twenty-four hours a day, every day of the year.

Professor Christine Kilpatrick
Chief Executive, Melbourne Health

News in brief

THE 2016/17 YEAR HAS BEEN A BUSY AND REWARDING ONE. HERE ARE SOME OF THE KEY HIGHLIGHTS WE WOULD LIKE TO SHARE.

ABOVE: Mr Bob Cameron, Chair of Judges, with the BAMS team (L–R) Uyen Phan, Advanced Practice Physiotherapist (The RMH), Yashwant Rathi, Physiotherapist (Merri Health), Adam de Gruchy, Advanced Practice Physiotherapist (The RMH), Dr John Moi, Rheumatologist (The RMH) and Christine Ferlazzo, Project Manager (Merri Health).

ABOVE: The AIMS team (L-R) Elle Perry, AIMS Program Manager and Clinical Psychologist, Elaine Withers, Area Senior Nurse Consultant, Victorian Minister for Mental Health, Martin Foley, and Barbara James, AIMS Coordinator.

VICTORIAN PUBLIC HEALTHCARE AWARDS

The Victorian Public Healthcare Awards recognise the best and brightest programs and individuals in the state's public health sector. And, in 2016, Melbourne Health proudly took out top honours in two categories.

A NorthWestern Mental Health program that supports consumers to get back on track through the Assisted Intensive Medication Service (AIMS) won the category of Improving Equity. The program complements regular clinical interventions with evening support to people who are experiencing difficulties with medication management.

A Royal Melbourne Hospital and Merri Health collaboration won the Excellence in Providing Alternative Care Paths for the Back Pain Assessment & Management Service (BAMS) in Primary Care. The BAMS model is one of Australia's first tertiary back pain services to be based in the community.

Australia's first public One Stop Thyroid Clinic, led by The RMH's Associate Professor Julie Miller, was also acknowledged as a finalist in the Excellence in Quality and Safety category.

PRESTIGIOUS SUSTAINABILITY AWARD

Right across Melbourne Health, we take our environmental responsibilities very seriously.

Not only do we recycle as much of our general waste as possible and use resources such as water and energy wisely, around our sites we run projects with specific sustainability goals in mind.

As an example, our Nephrology Environmental Sustainability Special Interest Group champions a range of waste reduction initiatives and significantly decreases the amount of waste the service and its patients produce each year.

Nephrology is the treatment of kidney diseases and malfunctions. Its care and delivery has a high environmental impact due to the amount and type of waste it produces.

Our project "Reducing Waste One Dialysis Patient at a Time" won the health category in the 2016 Victorian Premier's Sustainability Awards.

The Coburg Dialysis Unit, a key site for the project, is a satellite unit of the Royal Melbourne Hospital, catering for 60 chronic haemodialysis patients.

In 2010, the amount of clinical waste produced was almost 17,000kg or 2.36kg per haemodialysis treatment. In 2016, the amount reduced to 13,500kg or 1.58kg per haemodialysis treatment. This equates to a 33 per cent reduction in the amount of clinical waste produced.

The focus has also been on increasing recycling and this has been achieved with the introduction of PVC recycling, maximising co-mingle waste segregation and using available industry recycling programs.

(L–R) Minister for Energy, Environment and Climate Change (Vic), The Hon. Lily D'Ambrosio MP and Melbourne Health's Sally Campbell and Monika Page.

Director Emergency Medicine, Prof George Braitberg, Director Nursing and Operations Critical Care, Sue Rice and Nurse Unit Manager, Emergency, Susan Harding with the ED team accepting their You Made a Difference Award.

RMH RESPONSE TO THUNDERSTORM ASTHMA

November 2016, Victoria saw a freak weather event causing a condition known as thunderstorm asthma – a phenomenon that releases hundreds of small particles into the air which cause an allergic reaction, even for people with no history of respiratory illness.

RMH's Emergency Department (ED) treated a record number of 335 patients in a 24 hour period. On a typical day in ED, we treat approximately 200 patients.

To assist in the care and treatment of these patients, emergency staff, respiratory physicians, intensive care specialists, other key clinicians as well as support staff were mobilised.

Professor George Braitberg, Director Emergency Medicine at The RMH said the event was one of the most memorable occasions in his career.

"I felt immensely proud to be part of this outstanding team and watching them in action. And the dedication and care of those who stayed beyond the end of their shifts was extraordinary."

The Emergency Department's response to the thunderstorm asthma event was acknowledged by Melbourne Health in the quarterly team You Made a Difference Awards, which celebrates the commitment of our people to patient care and customer service.

LEADING INNOVATION IN HEALTHCARE

Australia produces world class medical research, but we need to do more to realise the commercial and social benefit that flows from it, including better healthcare and new jobs.

In an Australian first, the Melbourne Health Accelerator (MHx) comprising health startup companies, works with clinicians and researchers to develop new technologies to tackle some of the most pressing and emerging challenges facing our healthcare system today.

The MHx helps fill the gap by putting all of the key players together. In May 2017, the Victorian Government announced grant funding of $450,000 to support the MHx program.

Melbourne Health, Chief Executive, Professor Christine Kilpatrick said there were endless opportunities for innovation at the hospital.

"The Royal Melbourne Hospital has a long and proud history of firsts in medical research and care, and innovation has been at the core of all our medical breakthroughs."

"We are excited about what the future holds for our patients and staff when we bring together clinicians and medical researchers with local health-technology companies."

ABOVE: ( ) Prof Shitij Kapur, Dean of the Faculty of Medicine, Dentistry and Health Sciences, Frank McGuire, Parliamentary Secretary for Medical Research, Robert Doyle, Chair MH, Tori Fox CEO Virtual Healthcare, Special Minister of State Gavin Jennings, Dr Patricio Sepulveda Director Business Development Melbourne Health, Chris Kilpatrick, CE Melbourne Health, Prof Ingrid Winship, Executive Director Research Melbourne Health.

Person-centred care

WHAT IS A PERSON-CENTRED CARE BUNDLE AND WHY IS IT IMPORTANT?

PATIENT CENTRED CARE BUNDLE

The term 'person-centred care' is used in the health sector to describe care that is focussed on the needs of the patient rather than the needs of the service or facility. Most people who need health care have their own views on what's best for them. So, as dedicated healthcare workers, patient-centred care is an approach that helps to make our system more personal, tailored to patients and their unique needs.

Developed following extensive consultation with staff and patients, our Person-Centred Care Bundle (PCC) is a way of treating patients individually and holistically.

Through a sharper focus on nursing assessment and planning and increased communication, the PCC Bundle has increased communication, with patients and their families leading to more effective patient handover. It has also improved our engagement with people in our care, and led to better clinical results through things like decreased rates of patient falls and reduced pressure injuries.

"Our patient experience data highlighted we needed to improve how we engaged with our patients, their families and carers, and increase the reliability of nursing care across every ward on every shift to every patient," explained Project Lead, Associate Professor Denise Heinjus, Executive Director Nursing.

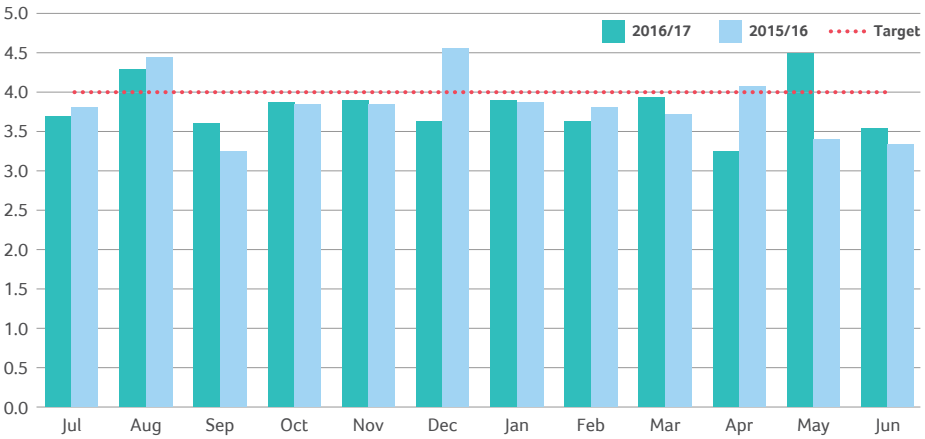
The PCC has led to a range of new ways of treating problems such as the use of patient bedside whiteboards to enhance two-way communication and patient safety briefings.

The result has been an increase in confidence and trust from patients.

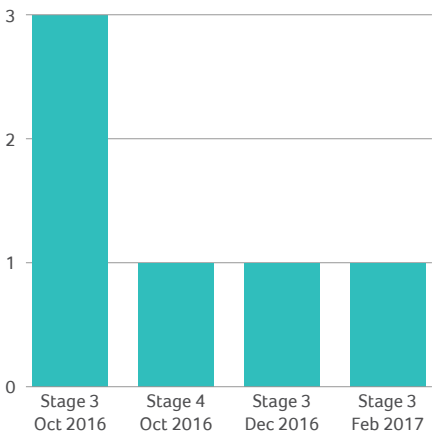
"Our most recent patient experience data indicates the PCC is working." A/Prof Heinjus said. Our engagement score is currently the highest we've ever seen. Ninety-six per cent of patients now rate their RMH adult inpatient experience for overall care as 'very good' or 'good', which is a great outcome for patients and their families.

"The focus on Person-Centred Care has played a very important part."

INPATIENT FALLS/1,000 BED DAYS



2016/2017 PRESSURE INJURES



The Sepsis Project team: Lizzie Summers, Kelly Sykes, Karin Thursky and Tristan Vasquez.

Better treatment of life-threatening sepsis

Sepsis is a life-threatening response by the human body to infection that results in organ failure.

If left untreated, it can lead to increased stays in intensive care, lengthen the time a patient is in hospital and may result in patient death.

A new RMH initiative that uses a whole-of-hospital approach to sepsis diagnosis and treatment has resulted in a 49 per cent reduction in death, compared to episodes of care prior to the project starting; 67 per cent reduction in admission to the Intensive Care Unit (ICU), 50 per cent reduction in time to receive antibiotics and a 43 per cent decrease in the length of stay in hospital.

The program – known as the RMH Whole of Hospital Sepsis Pathway – has standardised the management of sepsis by ensuring the Sepsis Pathway document is always included within the patient's medical record, while improving hospital-wide education and awareness.

Since its hospital-wide implementation, the RMH Sepsis Pathway has been used more than 700 times. And the results? Significant improvement in health and process outcomes for patients with sepsis.

"There is now in place a robust system to help us better recognise the signs and symptoms of sepsis, notify the medical staff and refer the patient for an ICU review if they aren't responding to treatment."

Mandatory sepsis training is now provided for nursing, medical, and pharmacy staff. The initiative provides a standardised approach to recognising, managing, and treating septic patients across the hospital.

PILOTING NEW TECHNOLOGY

Evidence suggests that treating infection early can lead to significant improvement in sepsis outcomes for our patients. However no data exists around baseline temperature profiles in renal (kidney) patients, using continuous monitoring techniques. Because we want to understand temperature patterns that predict impeding sepsis, Melbourne Health is currently running a project to collect and examine temperature profiles of volunteers and patients to study the effect of renal failure on temperature variation. Temperature monitoring is checked by what is known as 'wearable technology' – in this case, a wrist watch. Data collected by the watch will allow us to compare profiles of patients with and without inflammation/infection and to determine patterns that may be useful in the early detection of sepsis.

Sepsis kills more people than prostate and breast cancer, but six out of ten Australians have never heard of it.

Transforming culture

OUR CULTURAL JOURNEY CONTINUES TO GROW AND STRENGTHEN.

The Melbourne Health Cultural Transformation Program was launched in 2016, commencing a long term commitment to making Melbourne Health a 'great place to work and a great place to receive care'.

Recognising there are many variables in culture, the program includes activity across change management, communication and engagement, leadership, safety culture, wellbeing and respectful behaviours. Individually and collectively, these elements establish and monitor behavioural expectations, build high performing teams, develop strong leaders and managers, and create a culture where feedback is openly and professionally given and received.

CHANGING THE WAY WE WORK TOGETHER

Since January 2016, Associate Professor Louis Irving has volunteered as a Safety Champion – one of 18 staff who, in addition to their usual role, has taken on the challenge of leading culture change in Melbourne Health.

He is passionate about everyone in the health service feeling safe and able to speak up about safety concerns – no matter what their role or position. He strongly believes that only when we all speak up for safety and treat each other with respect, we can provide the best and safest care to our patients and consumers.

A/Prof Irving has reflected on times earlier in his career when he didn't speak up about safety concerns. Sometimes this was because he felt he was too junior or that it might be seen as criticising a senior member of staff.

"Some of our junior doctors feel that speaking up could have an impact on their career opportunities," A/Prof Irving said.

"I am aware of the importance of making it safe for everyone in the team to speak up and as a leader we set the tone for the team. The way we ask for people to 'check' us is key.

"When I start my ward round I tell the team – if you see me make a mistake today please speak up – I want you to let me know."

The Safety Champions facilitated workshops for more than 7,000 of our staff and volunteers. These workshops focus on the importance of speaking up for safety and provide a four-stage process for raising concerns in a respectful way. After staff have attended Speaking Up for Safety workshops, evaluations show they perceive significant improvements in knowledge, skills and confidence to 'speak up' about safety concerns.

There are times where our staff might not feel safe or able to speak up – or feel that if they did their concerns would not be taken seriously. In an Australian first, the Melbourne Health weCare program was developed in partnership with the Cognitive Institute. It gives staff the chance to speak up about their concerns, without fear of the impact it may have on them later.

weCare is a safe and anonymous reporting tool that staff can use to flag behaviour they feel undermines safety or our values. More than 500 reports have been made since weCare was launched in April 2016. These have resulted in hundreds of feedback conversations with our trained Care Messenger team.

A/Prof Irving added, "we want staff to speak up directly or let their manager know if they have concerns.

"But weCare is an important 'safety net' that allows everyone to have a voice – without fear of repercussions."

As a patient, consumer or carer – we want you to Speak Up for Safety too. If you have concerns about safety or quality of care you can:

- Raise these with your nurse, doctor or the Nurse Unit Manager in your area
- Call '1800 WORRIED' for immediate assistance
- Contact the Consumer Liaison team to provide a suggestion, compliment or complaint

OUR CULTURE JOURNEY

The results from staff surveys show that we are making progress, with strong awareness of the program and more than 80 per cent of our staff being in support of the Culture Change Program.

We are just beginning our journey and look forward to making Melbourne Health an even better place to work and to be cared for tomorrow. This comprehensive program has included:

- Delivering comprehensive **training workshops** on safety, reliability, communication skills, and ways to address behaviours that undermine safety or our values. As part of this more than 7,000 staff and volunteers have attended a Speaking Up for Safety workshop to develop their skills in raising safety concerns.
- Implementing new systems and processes to more effectively address unsafe or unprofessional staff behaviour. This also includes implementation of a 'Respect in the Workplace' procedure and an online **weCare system** that staff can use to report unprofessional behaviour, or recommend individuals for an award.
- Appointing trained **Safety Champions** to lead, coach and support a culture of safety.
- Reviewing and strengthening our **leadership development programs**.
- Implementing **locally developed actions** to improve the culture in every ward and different work setting across the organisation.

"Speaking up is hard, but if it was my family member I wouldn't expect anything else."

– A/PROF LOU IRVING, HEAD OF UNIT, RESPIRATORY AND SLEEP MEDICINE

‘Stroke’ ambulance to save more lives

In an Australian-first, a dedicated stroke ambulance will soon service Melbourne’s northern and western communities as part of a pilot study to provide the quickest possible diagnosis and treatment for patients suffering a life threatening stroke.

The trial is a research project between the Royal Melbourne Hospital, the Florey, the University of Melbourne and Ambulance Victoria.

In December 2016, the Victorian Government announced funding of $7.5 million over four years towards the trial of the stroke ambulance, with additional financial support from the Stroke Foundation and the RMH Neurosciences Foundation.

The purpose-built vehicle will feature a CT scanner to be operated by Royal Melbourne Hospital staff including a stroke nurse, radiographer and stroke neurologist, and Ambulance Victoria paramedics.

With a CT scanner on board, assessment and treatment of stroke can begin on the patient immediately, rather than after they have arrived at hospital. CT results from the ambulance will be instantly sent to hospital through telehealth technology.

This means that stroke patients can receive faster interventions after their stroke, giving them the best possible chance of recovery, reduced disability and survival.

The Mobile Stroke Unit will be operational at the end of 2017.

About one in six people will suffer a stroke in their lifetime.

There are currently more than 475,000 people living with the effects of stroke and this is predicted to increase to one million by 2050.*

Stroke is the leading cause of disability in Australia, and causes more deaths than breast cancer in women and prostate cancer in men.

The Royal Melbourne Hospital treats approximately 800 acute stroke patients a year and is one of the few stroke centres in the world to treat patients within 20 minutes of arriving in the emergency department.

*Deloitte Access Economics – Stroke in Australia – No postcode untouched 2017

(L-R): Linda Gyorki, Manager, Health Justice Partnerships and Senior Lawyer, Inner Melbourne Community Legal, Georgina Hanna, Workforce Development Manager (Social Work), The Royal Melbourne Hospital, Alison Hocking, Manager Social Work, The Royal Melbourne Hospital, Maie Gibney, Lawyer, Inner Melbourne Community Legal, Kira Lee, Project Officer – Evaluation, Inner Melbourne Community Legal, Daniel Stubbs, Chief Executive Officer, Inner Melbourne Community Legal.

Free patient legal care

We know that coming to hospital is a stressful time. We also know that some of our patients have extra stressors in their lives which can make it harder for them to concentrate on their health.

To better support our patients with legal issues, our Allied Health Social Work service has forged a partnership with a community legal firm, Inner Melbourne Community Legal.

A visiting lawyer comes to the hospital every week to provide free legal advice for patients who may have legal issues to resolve. The lawyer helps inpatients and outpatients on issues such as housing problems, debts, Centrelink, intervention orders, family law and family violence, work and employment, victims of crime, criminal law and consumer disputes.

Nandita is just one of the patients who accessed the on-site legal service through social worker Tanaya at the Community Therapy Service at the Royal Melbourne Hospital's Royal Park Campus.

Nandita has an acquired brain injury following a sporting accident in 2011. In 2017 she began outpatient therapy to help her regain her independence. After the accident Nandita had tried to continue work but eventually the symptoms of her injury made this difficult and she stopped working. This led to financial stress and when Nandita attended the clinic, she was also at risk of being homeless.

Nandita met with the community lawyer and talked about some of the legal issues she had. With a number of debts for large personal loans, the symptoms of her injury made it very difficult to manage her finances.

The lawyer, along with a letter of support from Tanaya, was able to send a debt waiver. Two debt collection agencies agreed to waive a sum of Nandita's outstanding debts.

In Nandita's words, "if it wasn't for the referral from the hospital's Social Work department, I would not have known that this service existed. I would have just gotten into more and more debt.

"My mental health had a lot to do with it – the debts were impacting my ability to think straight and my ability to cope.

"Now I am actually able to breathe and fully focus on my therapy. It's like a huge chunk of my stress is relieved and I can plan for my future."

NorthWestern Area Mental Health Service Consumer Consultant, Chris Ferguson, with local Member for Broadmeadows, Frank McGuire.

Oldest mental health facility receives major upgrade funding

In 2016, our NorthWestern Mental Health's Broadmeadows Inpatient Unit Intensive Care Unit (ICU) was officially opened by Mr Frank McGuire, Local Member for Broadmeadows.

The $1.7 million upgrade included the complete retrofit of the current intensive care beds to ensure we can provide best practice care, as well as an additional intensive care bed, bringing the total to five ICU beds.

The seclusion suites were refurbished and the backyard space was also updated.

NorthWestern Mental Health's Broadmeadows Inpatient Unit provides specialist treatment for people experiencing an acute episode of mental illness who require treatment and care in a hospital inpatient unit setting.

The unit now has 26 beds and serves a population base of more than 333,000 Victorians.

The upgrade to the intensive care unit was funded by the Department of Health and Human Services and Melbourne Health.

MELBOURNE HEALTH'S NORTHWESTERN MENTAL HEALTH (NWMH) IS OUR MENTAL HEALTH SERVICE

The largest and oldest provider of mental health services in Victoria, NWMH provides a comprehensive range of general and specialist services to young people, adults and the aged within the community, plus residential and health services across 30 sites.

Rev Dawn Treloar at the RMH Memorial Services.

Memorial services at the RMH

When patients die at the hospital, the Pastoral Care team reaches out to the patient's next of kin. The letters contain information about grief and loss, as well as how to receive additional support to those who are experiencing complex issues.

Since 2015, a quarterly service has provided families and friends of those who have died with an opportunity to return to the hospital, meet with people in similar circumstances, receive pastoral care and participate in a ritual that helps them move forward in hope.

Royal Melbourne Hospital Pastoral Care Coordinator, David Glenister said generally between 100–140 people attend each service conducted by the Pastoral Care team.

"Many attendees report finding the educational material presented helps them to better accept and understand what they are experiencing," David explained.

"Others say that the ritual of naming the deceased and lighting a candle was meaningful and helpful in bringing a degree of closure. Some speak of how comforting they find it to recognise that they are not alone in experiencing grief and loss.

"Many tell us that they find it helpful to have a specific reason to return to the hospital, which they last left on the day of the death of their loved one, and feel that this is a major milestone in their moving through the grief process."

SOME FEEDBACK BY ATTENDEES INCLUDES:

"Through my deepest and darkest sorrow and grief, I have found new courage from today to continue reflecting on my husband's beautiful life. Thank you for supporting me and my family through our journey." – L.S November 2016

"I wish to thank you from the bottom of my heart for being finally able to grieve... your service was absolutely wonderful and touching in so many ways." – C.M August 2017

"Thank you for the reflective session. Thank you for the compassion the hospital has given us. Much appreciated in this difficult time." – L.B August 2017

"Thank you for the beautiful Memorial Service. We are touched that our loved one is not a mere patient forgotten by the hospital after his untimely passing... the service gave clarity that grief is experienced is so many ways." – S.S August 2017

Supporting our renal patients near and far

ABOVE: Four of our Renal Nurse Practitioners. (L–R) Elaine Sanders, Narissa Andrew, Jo Moodie and Jayne Amy.

CARING FOR KIDNEY PATIENTS IN THE COMMUNITY

The Royal Melbourne Hospital renal service cares for over 10,000 patients with chronic kidney disease in the community, 515 dialysis patients in the home and satellite setting, and more than 1,400 renal transplant patients throughout Victoria, Tasmania and Southern NSW.

Professor Steve Holt, Director Nephrology Services at the Royal Melbourne Hospital said it was important to think beyond the patient's medical condition when providing care.

"To help our patients with kidney disease receive treatment closer to where they live, we have developed Nurse Practitioner (NP) models that support and train NPs to provide, co-ordinate and streamline care, locally," Professor Holt said.

Currently, we have one endorsed nurse practitioner and five nurse practitioner candidates. Their role will help improve a patient's quality of life, prevent disease progression and complications and, importantly, avoid the need for hospitalisation.

"They will also provide patient support through consultation in an outpatient setting, telephone and telehealth. To broaden their reach within communities, they will also work with other health professionals, helping them with education and patient care."

TELEHEALTH HELPS AFTER RENAL TRANSPLANTS

The Royal Melbourne Hospital has been performing renal (kidney) transplants since the 1960s. Patients with renal failure come from throughout Victoria, southern New South Wales and Tasmania. Over that time, the number of renal transplants and their complexity has increased.

In 2016, RMH performed 126 renal transplants. A quarter of those patients live in regional areas of Victoria or bordering New South Wales, generally with little or no specialist kidney care in their local area.

Understanding this, our renal team recognised that traveling to RMH from regional areas or interstate was a real barrier to accessing care following a transplant.

In response, they developed a telehealth clinic for this intensive patient follow up.

Dr Kudzai Kanhutu, Melbourne Health's Telehealth Clinical Lead, explained a telehealth clinic was where patients attend their appointments via a video call through a computer rather than in person at the hospital.

"This means our patient can stay in their local area and don't need to travel to Melbourne," Dr Kanhutu said.

"Our patients speak to the Royal Melbourne Hospital specialty doctors and nurses via a video call they access through our website. Patients can use any device connected to the Internet to do this, like a laptop, or iPad or phone."

Often the video call occurs at the patient's local hospital or GP's office. This also gives local staff more confidence and experience in caring for renal transplant patients. This greatly benefits the patient as it allows minor complications to be managed and investigated locally rather than them having to travel to Melbourne again for care.

124

TELEHEALTH CONSULTS DELIVERED BY OUR RENAL TRANSPLANT TEAM IN 2016–17

129,654

KILOMETRES &

1,430

HOURS OF CAR TRAVEL WERE SAVED BY THESE

THAT IS EQUAL TO

59

DAYS OF TRAVEL &

$19,253

PETROL

TELEHEALTH EXPANDING PATIENT SERVICES

Melbourne Health's telehealth service received a boost from the Victorian Government with additional funding being used to expand the service.

Melbourne Health was one of 15 successful health services to receive a share of $5 million from the 2016 Victorian Telehealth Specialist Clinic initiative. Phase one of our program includes Infectious Diseases, Endocrinology, Mental Health, Neurosurgery and stroke care.

Visit thermh.org.au/telehealth for more information.

CASE STUDY: MEET SALLY

At the time of her kidney transplant, Sally makes her way to RMH for surgery from her home in Mildura.

Her husband comes with her and will stay in nearby accommodation, a hotel they have rented for the next five weeks.

On discharge, a week after her transplant, Sally returns to hospital each morning to have a blood test to monitor her immunosuppressant transplant medication level and to see how well her new kidney is working. She then attends the transplant clinic. Sally sees the nurse to have her dressing changed and visits the pharmacy to talk about her medications that are changing every week. For the next five weeks, Sally continues to attend the outpatient clinic three times a week for review. By week five, Sally is ready to go home with her husband to see her family and start planning to get back to work. Apart from frequent immunosuppressant medication changes, Sally has high blood pressure, which needs the introduction of another new medication and her diabetes is a bit unstable. At five weeks, Sally will still need blood tests and a transplant clinic review twice a week and needs to make a decision whether to stay in Melbourne in her hotel room or to go home and return to Melbourne at least weekly for a clinic review. It will be at least three months before Sally will be stable enough to be seen fortnightly and nine months before Sally can be reviewed monthly. Sally will need to be reviewed in the transplant clinic for the life of her kidney.

Sally returns home and on the days she comes to Melbourne for a transplant review, her alarm is set for 4.30am in order to arrive at the airport at 5.30am to catch the morning flight at 6.30am and arrive in Melbourne at 7.50am. She then catches a taxi through peak hour traffic arriving at RMH around 9am. She will then wait in the clinic outpatient area until the transplant clinician sees her for approximately 20 mins. Sally then fills in her time until she catches a taxi back to Melbourne airport for the return flight to Mildura. The cost is variable depending on airline deals and whether she has notice to book a flight. The taxi cost is variable due to traffic conditions. The approximate return cost for one person is $500 and 12 hours of time for a 20 minute specialist consult.

Driving change through feedback

For the past four years, every patient who has stayed overnight at the Royal Melbourne Hospital and has given us an email address, has been sent a short online survey.

Almost 8,000 patients have shared their experiences about the things that matter most. The results of the Royal Melbourne Hospital online surveys are grouped by ward and medical unit, and shared with our staff in a way that protects the privacy and anonymity of each respondent. Our staff are then able to see clearly where they are going well and what areas they need to improve on.

We also participate in the Victorian Healthcare Experience Survey, which is a more detailed survey organised by the Department of Health and Human Services and a sample of our patients are invited to participate in this. The breadth and depth of the combination of this rich data gives us a clear understanding of what patients think of our hospital services; it also lets us compare ourselves against other health services.

One of the aspects of care was that patients told us to improve on providing a was clear and effective provision of information about leaving hospital. Last year, we worked with consumers to develop and trial a standardised patient discharge information letter. The trial was very successful and this year, we rolled this out on every ward.

We're very proud to say that our patient experience survey results have improved substantially. Victorian Healthcare Experience Survey results for Jan–March 2017 tells us that 96 per cent of our patients report a positive overall experience of care and we've exceeded the Department of Health and Human Services target for the Transition index, which is made up of the average of four questions relating to discharge, with a score of 80 per cent compared to 65 per cent the same time last year.

Keeping our staff safe

Realising that up to 95 per cent of Victorian healthcare workers have experienced verbal or physical assault, we have strongly supported the Occupational Violence and Aggression in healthcare public awareness campaign launched by the Victorian Minister for Health, the Hon. Jill Hennessy and Minister for Finance, the Hon. Robin Scott.

The campaign aims to improve awareness of the impact of occupational violence and aggression on healthcare workers – with the message that no matter what the situation, violence and aggression against healthcare workers is never OK. While supporting this campaign, we are also increasing our focus across Melbourne Health on preventing and managing occupational violence and aggression. This has been through initiatives such as procedural reviews, staff training, wearable audio-visual recording devices for security, CCTV cameras, duress alarms and the use of drug detector dogs in our mental health facilities.

DURING THE 2016/17 FINANCIAL YEAR THERE WERE:

1,636
INCIDENTS OF OCCUPATIONAL VIOLENCE AND AGGRESSION

177
INCIDENTS OF A SUSTAINED INJURY

28
OF THOSE RESULTED IN LOST TIME FROM WORK

PEOPLE MATTER

Every year our staff are invited to participate in the People Matter Survey conducted by the Victorian Public Sector Commission.

The survey measures a range of aspects of workforce culture and climate in the Victorian public sector, focusing on employees' perspectives on the public sector values and employment principles in their workplace. It also measures other workplace aspects such as job satisfaction and workplace wellbeing.

The survey gives our staff the opportunity to tell us what we are doing well and what we need to improve.

The results from the 2014 People Matter Survey helped us drive the development of our Cultural Transformation Program. Elements of the program such as workplace bullying, values, leadership and change communication are important areas of work that arose directly as a result of feedback from our staff.

The 2017 survey was open to all employees at Melbourne Health, which includes ongoing, fixed term and active casual staff. At the conclusion of the survey period, over 2,000 staff took the opportunity to have their say. This represents 26 per cent of our workforce.

Compared to the 2016 results, the 2017 People Matter Survey demonstrated a positive shift across all core attributes at the organisation-wide level. The impact was particularly noticeable in areas related to the Cultural Transformation Program.

The highest scoring attributes demonstrated our belief that we understand the value of our service to the Victorian community. We are clear on what we do and why we do it.

New questions were introduced to measure psychological safety and wellbeing, for which the results featured as the lowest scoring attributes of the survey. In 2017/18, the Cultural Transformation Program will be enhanced to place a focus on Wellbeing and Respectful Workplace Behaviours.

72%
EMPLOYMENT ENGAGEMENT
Up 2% from 2016

73%
JOB SATISFACTION
Up 1% from 2016

53%
MANAGING CHANGE
Up 4% from 2016

72%
PATIENT SAFETY SCORE
Up 2% from 2016

We welcome our Aboriginal and Torres Strait Islander consumers, families and visitors

New initiatives demonstrate the ongoing commitment that we have to improving Aboriginal and Torres Strait Islander (ATSI) health.

Our aim is to help close the gap between Indigenous and non-indigenous people by providing the best possible, culturally safe care to our patients and their families.

The new programs were developed in recognition of the approximately 680 Aboriginal inpatients and 1,200 outpatients that attend appointments each year.

The first initiative saw the permanent installation of the Australian, the Aboriginal, the Torres Strait Islander and the Royal Melbourne Hospital flags outside our Emergency Department (ED) as part of Reconciliation Week.

The Emergency Department is a very visible and busy entry into the city hospital site for many patients, including our ATSI patients. The flags demonstrate our recognition of Aboriginal and Torres Strait Islander people and are designed to provide a warm welcome.

On the same day the flags started flying, we also launched an e-learning education package on Aboriginal Cultural Education to remind us of why it is important to consider culture and history in our work with the Aboriginal population. The education package gives staff access to the skills and education about effective healthcare for our ATSI patients.

Another initiative saw two new Aboriginal Art Installations on the Rehabilitation building at Royal Park Campus.

The installations are a result of an enthusiastic collaboration between the Institute of Koorie Education at Deakin University and the Rehabilitation Unit at the Royal Melbourne Hospital. They resulted from the comments from an Aboriginal inpatient who said that being able to see something artistic that connected him to his heritage would make his hospital stay more comfortable.

This set the creative wheels in motion and the resulting artworks were created by 12 Aboriginal and Torres Strait Islander Visual Arts students who are enrolled in the Institute's Community Based Education Program.

12 beautiful artworks were created by Aboriginal and Torres Strait Islander Visual Arts students from around Australia. The Aboriginal Art Murals are a collaboration between the Rehabilitation Unit at RMH Royal Park Campus and the Institute of Koorie Education at Deakin University.

CLINICAL RESULTS

Extensive work has been undertaken to meet the healthcare and cultural needs of ATSI people right across Melbourne Health.

As an example, a recently integrated management approach to diabetes as part of the Koolin Balit – Strengthening Clinical Care and Pathways increases awareness of the Diabetic Foot Unit (DFU) at the Royal Melbourne Hospital within the ATSI community.

During 2016, we also developed specially tailored communication materials, embedded a referral process between the Royal Melbourne Hospital and the Victorian Aboriginal Health Service, and all DFU podiatrists attend Cultural Awareness Training at Victorian Aboriginal Community Controlled Health Organisation.

Virtual Fracture Clinic leads the way

In an Australian first, the Royal Melbourne Hospital is pioneering an innovative model of care that lets more people with fractures have their local GPs manage their injury, instead of being seen by a hospital orthopaedic specialist.

Nearly 30 per cent of Emergency Department (ED) patients who present with a fracture or a musculoskeletal injury don't require a specialist review at the hospital, thanks to a new service at the Royal Melbourne Hospital.

Following attendance at the hospital's Emergency Department, patients who require orthopaedic review are now booked into a Virtual Fracture Clinic (VFC).

Royal Melbourne Hospital orthopaedic consultants review the ED clinical assessment and digital imaging of ED referrals, identifying patients who do not require a personal consultation. The consultant provides a diagnosis and management plan which is then communicated to the patient via a telephone call from an Advanced Practice Physiotherapist.

In the first six months of operation, the VFC screened nearly 400 ED referrals. To date, nearly one third of ED referrals have been discharged directly from the VFC and have not required an outpatient clinic appointment.

"Preliminary results indicate this is a safe and effective alternative model of care for many acute musculoskeletal injuries while reducing demand on orthopaedic outpatient clinics," said Project Lead and Physiotherapy Manager, Bernarda Cavka.

"The experience for patients' GPs is also proving positive. They tell us that the resources we are providing them via a special website are providing a valuable resource and are helping them to manage their patients locally.

"And most pleasingly, nine patients out of ten say they would recommend the Virtual Fracture Clinic to family and friends," added Bernarda.

"It's a great result all round."

PATIENT FEEDBACK:

'Really happy with the care that I received right from the initial assessment in Emergency to the referral to the Virtual Fracture Clinic. Information was clear and the staff were extremely helpful and just really nice. Good luck with the trial it's an excellent idea.'

'The Virtual Fracture Clinic has been preferable to any other option for this treatment; the staff over the phone have answered my questions thoroughly and I have not spent lengthy periods of time waiting for appointments.'

'This was the best experience I've ever had in a hospital. From the first consultation at emergency, the phone calls to see how I was getting on, the offer of home help to see me through the first few weeks. I only have positive things to say about the whole experience.'

RMH Speech Pathologist, Lauren, with the electrolarynx.

Patients find a new voice

Patients who have undergone removal of the larynx are finding their voice again thanks to a new program at the Royal Melbourne Hospital.

Laryngectomy, or removal of the larynx, can have a significant impact on the physical and social wellbeing of people who overnight lose their ability to communicate verbally.

Essential to enabling communication for these patients is the provision of a loan electrolarynx, which they are trained to operate. An electrolarynx is a hand held device, which produces mechanically generated vibrations as an alternative source of voice for speech production.

This is standard practice for patients immediately after laryngectomy surgery and is a viable long term communication option. Without the fluency of speech that an electrolarynx affords someone, communication can often be limited to writing and may only convey basic functional content.

Joan*, a former RMH patient, reported the provision of an electrolarynx as part of her communication rehabilitation had 'an enormous impact' on her ability to participate in society.

"It continues to positively impact my quality of life and day to day function, as I use it every day at work and it is much easier for other people to understand me."

With financial support from the Dry July Foundation, the Royal Melbourne Hospital can now more reliably provide all patients following laryngectomy with a new voice.

* Patient name changed.

HOME-BASED TREATMENT IMPROVES PATIENT OUTCOMES

Patients suffering from immune system failures can now take advantage of a home-based program that reduces the need for hospital treatment and improves quality of life.

Primary Immune Deficiencies (PID) are chronic, multi-system clinical illnesses caused by failure of the immune system to produce antibodies (immunoglobulins).

People with PID are at risk of recurrent severe infections and many require ongoing treatment involving day-admission to hospital once every 2–4 weeks for administration of intravenous immunoglobulin (IVIG). This results in loss of time and earnings.

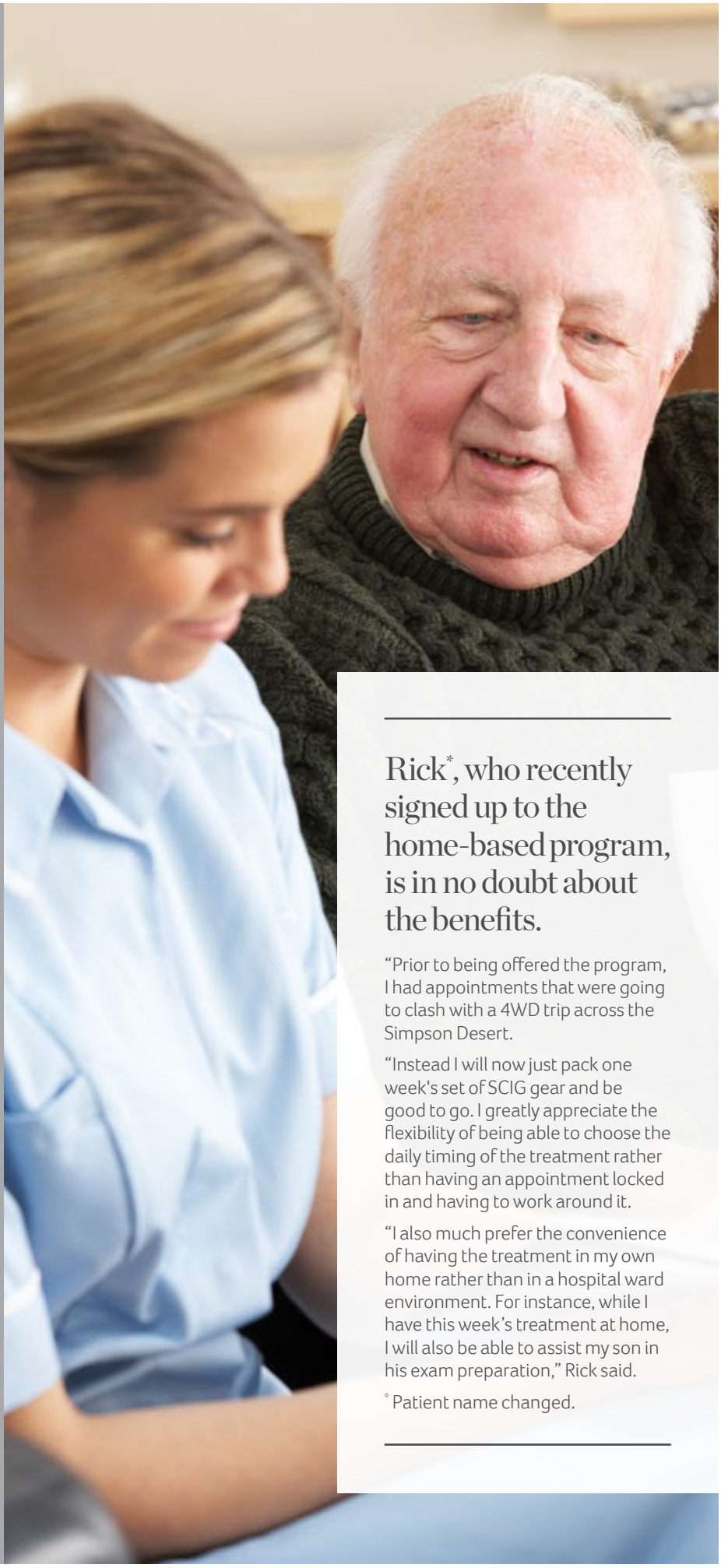
Professor Jo Douglass, Director Clinical Immunology and Allergy said the Royal Melbourne Hospital was the largest centre in Victoria providing this form of treatment.

"The RMH has pioneered a new home-based program that provides appropriate patient oversight, support and quality of care," Professor Douglass said.

"The new program was introduced following a survey of patients at RMH receiving IVIG that showed over two thirds would prefer home care.

"Home care treatment also reduces health care costs by resulting in decreased infections and improves the general well-being of patients and their families."

Supported by the Department of Health and Human Services, the program has a designated nurse consultant to educate patients on how to safely administer subcutaneous immunoglobulin, to help answer ongoing questions and to provide supplies and consumables.



Rick*, who recently signed up to the home-based program, is in no doubt about the benefits.

"Prior to being offered the program, I had appointments that were going to clash with a 4WD trip across the Simpson Desert.

"Instead I will now just pack one week's set of SCIG gear and be good to go. I greatly appreciate the flexibility of being able to choose the daily timing of the treatment rather than having an appointment locked in and having to work around it.

"I also much prefer the convenience of having the treatment in my own home rather than in a hospital ward environment. For instance, while I have this week's treatment at home, I will also be able to assist my son in his exam preparation," Rick said.

* Patient name changed.

World first stem cell transplant for Parkinson's

In a bid to cure Parkinson's disease our medical researchers have trialled a new revolutionary type of stem cell that is injected into the brain, as part of a world-first clinical trial.

The phase one study, which involves 12 patients with moderate to severe Parkinson's, uses neural stem cells derived from unfertilised eggs and manufactured in the lab by a biotech company in California.

Following transplantation, patients will be monitored for 12 months at specified intervals, to evaluate the safety and the effects of the neural stem cells.

A 64-year old Victorian man was the first patient to receive the neural stem cells in a delicate operation that lasted more than five hours.

Neurosurgeon, Mr Girish Nair, who performed the surgery, said precision was the key when injecting the stem cells into the brain.

"The stem cells entered the brain through two 1.5cm holes in the skull. We targeted 14 sites on the brain and each injection had to be spaced four minutes apart," Mr Nair explained.

"The first patient's operation was a success, however we won't know for 12 months the effects of the stem cell implants and if we are on the verge of a new treatment for Parkinson's," Lead Researcher, RMH Neurologist, Dr Andrew Evans added.

"At the end of the study, we will have transplanted tens of millions of neural stem cells directly into the brains of the 12 Australian participants. Hopefully this will go a long way into understanding how we can replenish brain function for people with Parkinson's disease."

Results are expected in 2019.

Left: RMH Neurosurgeon, Mr Girish Nair performing the stem cell transplant in a patient with Parkinson's.

RAPID Assist team, Occupational Therapist, Celia Marston, Doctor, Alexandra Clinch, Nurse, Christopher Kerley.

Parkinson's disease is a progressive, degenerative neurological condition that affects a person's control of their body movements.

In Australia, there are approximately 80,000 people living with Parkinson's. Currently, there is no cure.

RAPID Assist brings them home

Some 70 per cent of Australians say they wish to receive care at home when they are faced with a terminal illness, but only 14 per cent actually do.

The RAPID Assist service provides urgent palliative care to patients of the Royal Melbourne Hospital and the Peter MacCallum Cancer Centre (PMCC) by organising the often complex transitions for hospital patients who want to return home.

There is no other program that involves different hospitals and community organisations in such a way within Victoria, and possibly not even in Australia.

Associate Professor Brian Le, Director Palliative Care Services at RMH and PMCC said the aim of RAPID Assist was to provide same day assessment of palliative care patients and their carers.

"This will result in an increase of patients choosing where to spend their final days," he said.

Between November 2016 and June 2017, RAPID Assist provided care to 194 patients with 80 per cent being cared for at home or in residential aged care.

Our assessment of RAPID Assist has shown high levels of patient satisfaction with the care received in terms of quality, continuity and carer support.

PLANNING FOR THE FUTURE

Grace was diagnosed with dementia in 2011, at the age of 72, and was immediately concerned about who would make medical decisions for her when she was no longer able to do that for herself.

Grace's mother, Ruby, had also been diagnosed with dementia at a similar age and had lived with Grace and her family for three years before moving to a residential aged care facility (RACF).

Ruby had never talked to the family about her health care preferences or her wishes for end of life care and this was a source of conflict between Grace and her two brothers. Grace, on the other hand, was clear that she wanted to make her own decisions to avoid such tensions in her own family.

Grace appointed her husband Charlie as her Enduring Power of Attorney (Medical Treatment) and they both talked to their children, Christopher and Lisa, about how important it was for Grace to maintain her dignity and how she would not want to be kept alive artificially.

Over the next few years Grace became more disabled and Charlie's physical health also deteriorated. Grace was admitted to a RACF in late 2015 and it was part of the admission process for staff to meet with a new resident and their family to discuss advance care planning. Charlie, Chris and Lisa related the discussions they had had with Grace , and with the assistance of the Care Coordinator and Grace's GP; they documented a plan that reflected her preferred outcomes. Sadly, Charlie died a few months later.

When Grace had a fall in April 2017 she sustained a broken arm and was transferred to hospital where she had surgery to repair the fracture. A few days later, Grace was more confused than usual and investigations revealed that she had pneumonia and delirium. The doctor talked to Chris and Lisa about Grace's condition. Her ability to swallow had deteriorated due to her dementia and the pneumonia was caused by fluids going into her lungs. She explained that while Grace could be treated with antibiotics; she would continue to be at risk of pneumonia because of the underlying swallowing issue.

Chris and Lisa showed Grace's advance care plan to the doctor and asked for her advice. They felt that their mother would not have wanted treatment for the pneumonia if she was able to speak for herself. The doctor was very supportive. She agreed that their mother had made her values clear and commended Grace for being so willing to have these difficult discussions with her loved ones.

Grace was transferred back to the RACF with palliative care support. She died peacefully, in the company of her children and grandchildren, four days later.

ADVANCE CARE PLANNING IS:

- An ongoing discussion between you, your health care professionals, and loved ones
- An opportunity to learn about your health and the choices available to you
- An opportunity to discuss your values, beliefs and preferences for medical care
- A guide for future decision-making, if you are unable to speak for yourself

Number of patients aged over 75, discharged from RMH between July 1 2016 and June 30 2017, with an Alert for Advance Care Plan or Substitute Decision Maker.

	NUMBER	PERCENT
All patients over 75 discharged from RMH in 2016/17	22,013	
Patients over 75 discharged from RMH in 2016/17 with ACP Alert	112	0.51%
Patients over 75 discharged from RMH in 2016/17 with SDM Alert	103	0.47%

Advance Care Planning

The Royal Melbourne Hospital (RMH) only records an Alert for patients who have formal documentation. That is, patients who have completed a written Advanced Care Plan (ACP) or formally appointed a Substitute Decision Maker (SDM).

The total number of patients aged over 75 who were discharged from Royal Melbourne Hospital (RMH) between July 1 2016 and June 30 2017 was 22,013. Of those, 112 had an Alert recorded for ACP and 103 had an Alert recorded for SDM. This means only 1 per cent of patients aged over 75 were 'identified' as having completed a written ACP or formally appointed an SDM.

There are several steps involved in identifying patients with formal documentation.

The patient must be asked if they have an ACP and/or SDM; or the patient must volunteer this information.

The patient must provide a certified copy of the documentation to the hospital for filing in their medical record.

The staff member receiving the documentation must:

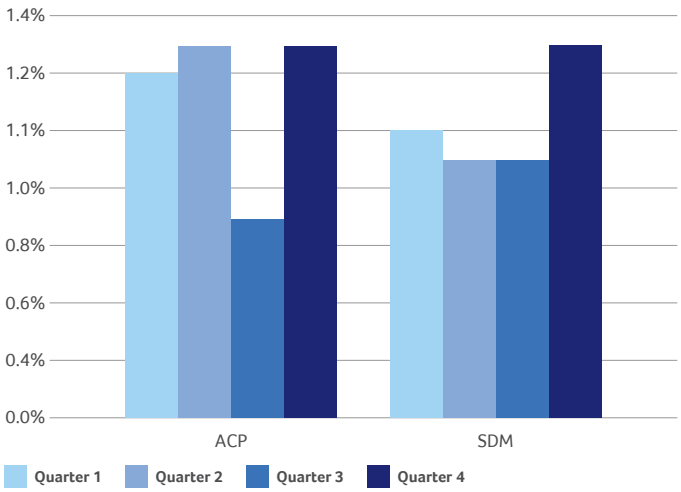
a. be aware that an Alert should be created

b. manually create an Alert in the patient management system

Activities that are being undertaken to increase the percentage of patients identified as having an ACP and/or SDM:

- Advance Care Planning Program Manager and Sub-Committee – to develop and coordinate activities to promote ACP at RMH
- RMH Advance Care Planning Procedure – to guide staff in their responsibilities
- Advance Care Planning Champions – members of clinical staff who have self-nominated to take on the role of promoting advance care planning in their work area. Champions meet every two months for mentoring and professional development
- Nursing Admission Assessment – includes a question about whether the patient has an ACP. This is also an opportunity for the nurse to educate patients who are not familiar with the term
- Education for medical, nursing, allied health staff and administrative staff at RMH and for GPs, community service providers and consumers – what is ACP; why is it important; what does it involve; who can do it; where can I get more information?

Quarterly trend data for patients aged over 75, discharged from RMH between July 1 2016 and June 30 2017, with an Alert for Advance Care Plan or Substitute Decision Maker.

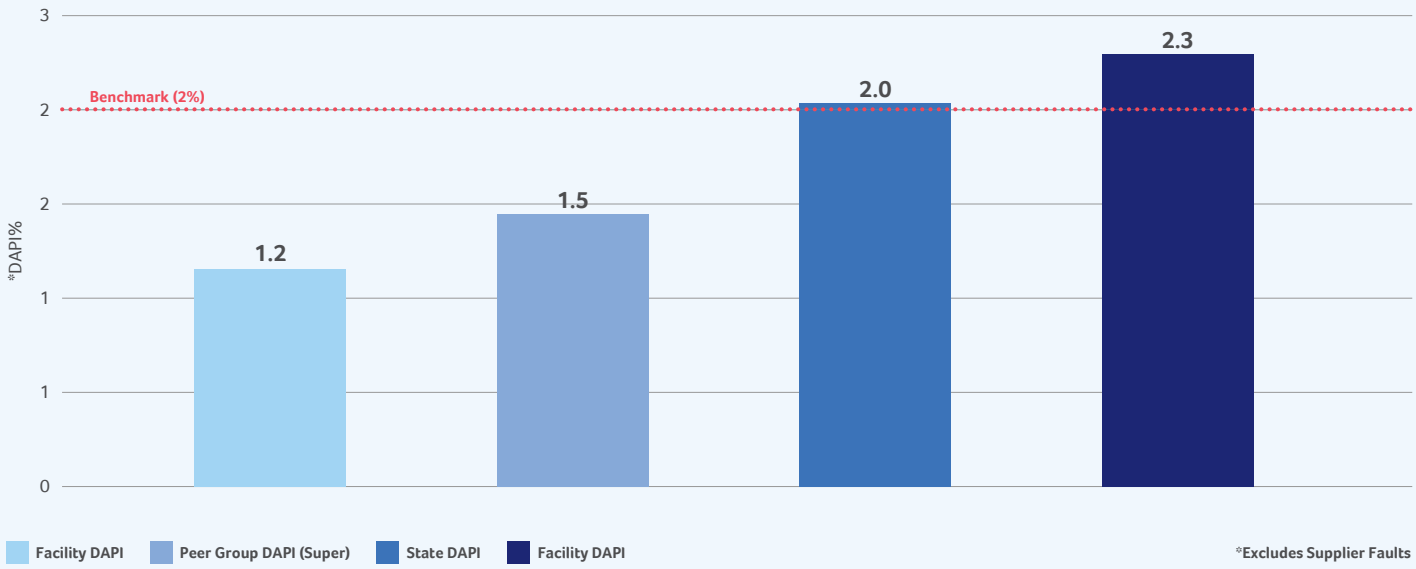


Approximately 1 in 100 patients over the age of 75 who were discharged from RMH between 01/07/16 and 30/06/17 had an alert recorded for Advance Care Plan or Substitute Decision Maker.

If you have appointed an Enduring Power of Attorney (Medical Treatment) or you have completed a written Advance Care Plan; please consider providing a certified copy of the documentation to your GP and the hospital that you would normally attend.

Safe and appropriate use of blood and blood products

RED CELLS: DAPI COMPARATORS



DEFINITIONS

DAPI: Discarded units of red blood cells as a percentage of the units of red blood cells issued by the Transfusion Laboratory for transfusion.

Discards: The number of red cells that are disposed of as they have reached their expiry and the number of red cells that have been wasted due to incorrect or unknown storage conditions. It is unsafe to return these red cell units into the inventory and administer to our patients.

Melbourne Health is a super user. A super user is a facility that uses >= 10,000 units of red cells per year.

RESULT

The red cell discard rate (wasted and expired units of red cells) at Melbourne Health (Melbourne Health) has continued to fall over the last three years. The discard rate has consistently been below the state average and the national average, and is lower than our peer group average. The graph above shows the *'discards as a percentage of issues'* (DAPI) for Melbourne Health (facility) as compared to our peer group, the state and the national average.

TARGET

The red cell DAPI target set by the National Blood Authority for the 2016/2017 financial year was a less than 2 per cent, which has been achieved by Melbourne Health. The target for the 2017/2018 financial year has been reduced to 1.5 per cent.

ACTION

Over the past several years significant effort had gone into ensuring Melbourne Health remains below the DAPI (wastage) target, which has continued to decrease over time. Every red cell unit that is wasted is investigated to understand the cause and to implement strategies to reduce future events where ever possible. The installation of a blood tracking system between the Transfusion Laboratory and the satellite blood fridges in our high use areas, dispensing of a single unit of red cells, implementing a 'pick up slip' with a preparation checklist for ward staff, ongoing education and monitoring of our wastage has made *'reducing blood wastage'* business as usual at Melbourne Health.

NorthWestern Mental Health Seclusion and Restraint

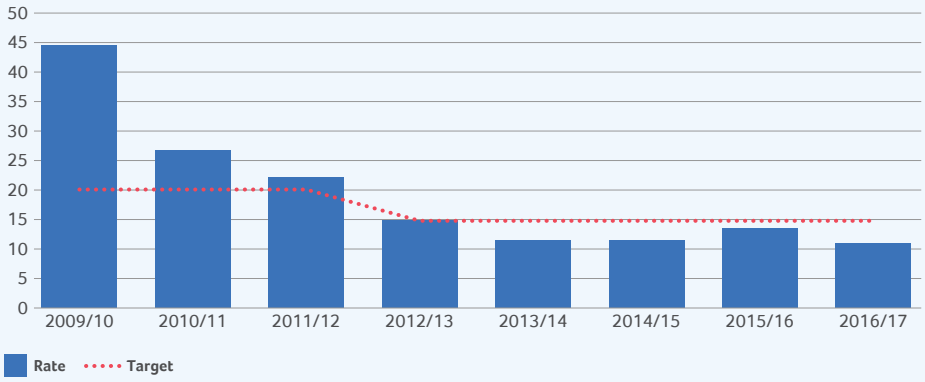
RESTRICTIVE INTERVENTIONS

Restrictive interventions involve the use of bodily restraint and seclusion and are regulated for all people under the Mental Health Act 2014. A restrictive intervention may only be used after all reasonable and less restrictive options have been tried or considered and have been found to be unsuitable in the circumstances.
A restrictive intervention may only be used where necessary to prevent serious and imminent harm to the person or another person. Bodily restraint may also be used where necessary to administer treatment.

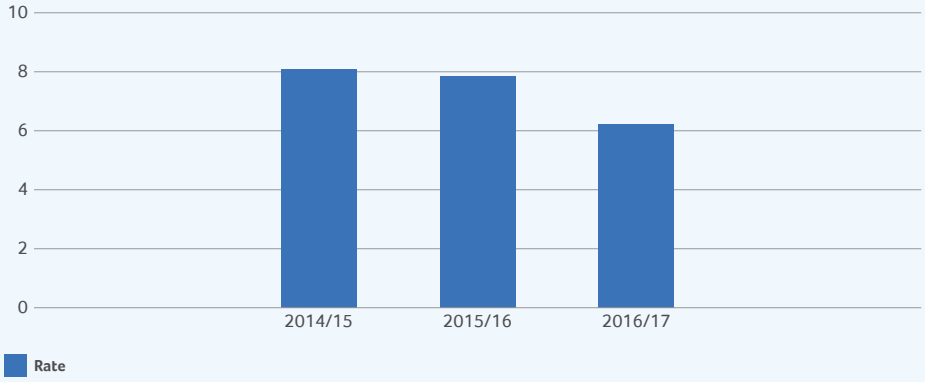
Restraints describe a range of devices and includes tilt chairs, bed rails and seat belts. Such devices are used in circumstances where there is a direct risk of the patient injuring themselves or others and is to be kept to a minimum wherever possible. The MH numbers for 2016/17 data continue to reflect the needs of the patient population in specific MH high care residential services. The use of restraint devices is regularly monitored and reviewed to determine both appropriateness and requirement of ongoing restraint.

Seclusion means the sole confinement of a person to a room or any other enclosed space from which it is not within the control of the person confined to leave. The MH numbers for 2016/17 data is reflect the needs of the patient population specific to acute inpatient mental health services. The use of seclusion is regularly monitored and reviewed to determine both appropriateness and requirement of ongoing restraint.

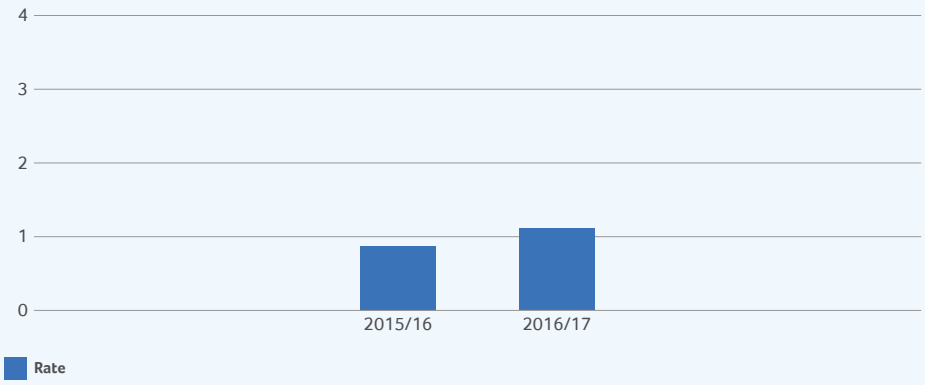
NWMH SECLUSION RATE/1,000 BED DAYS



NWMH PHYSICAL RESTRAINT RATE/1,000 BED DAYS



NWMH MECHANICAL RESTRAINT RATE/1,000 BED DAYS



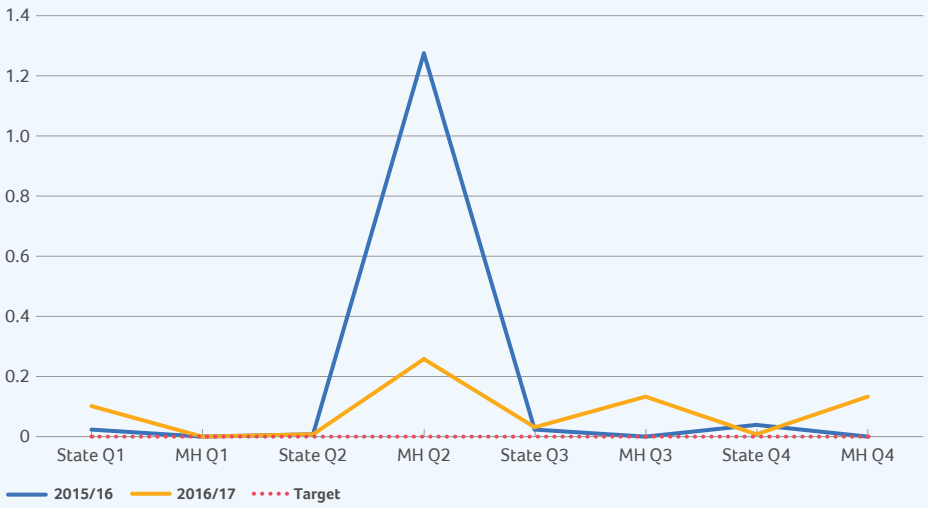
Residential Aged Care

MELBOURNE HEALTH RESIDENTIAL AGED CARE SERVICES ARE:

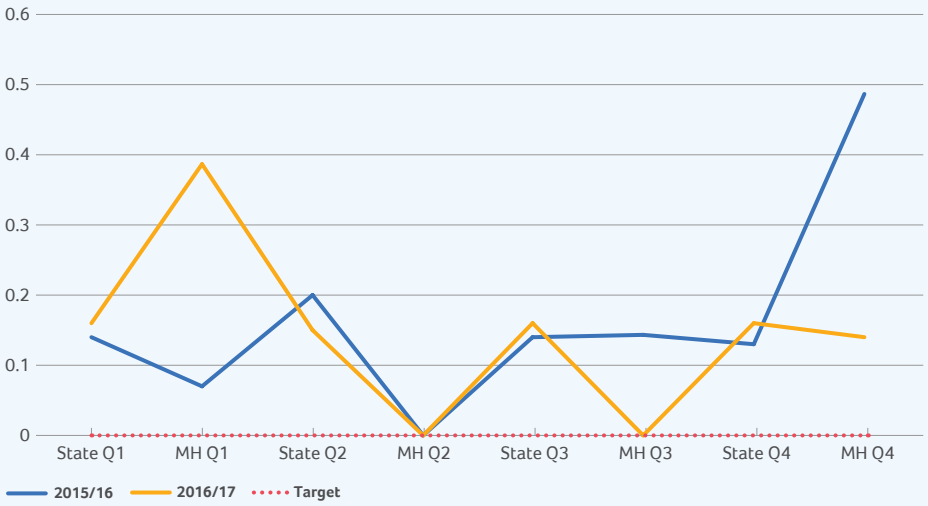
- Boyne Russell House, Moreland
- Cyril Jewel House, Keilor East
- McLellan House Hostel, Jacana
- Merv Irvine Nursing Home, Bundoora

The facilities provide residential, high care services with the exception of McLellan House Hostel which is a low care facility. Cyril Jewel House provides care for residents with multiple sclerosis and neurological disorders, in addition to residential aged care.

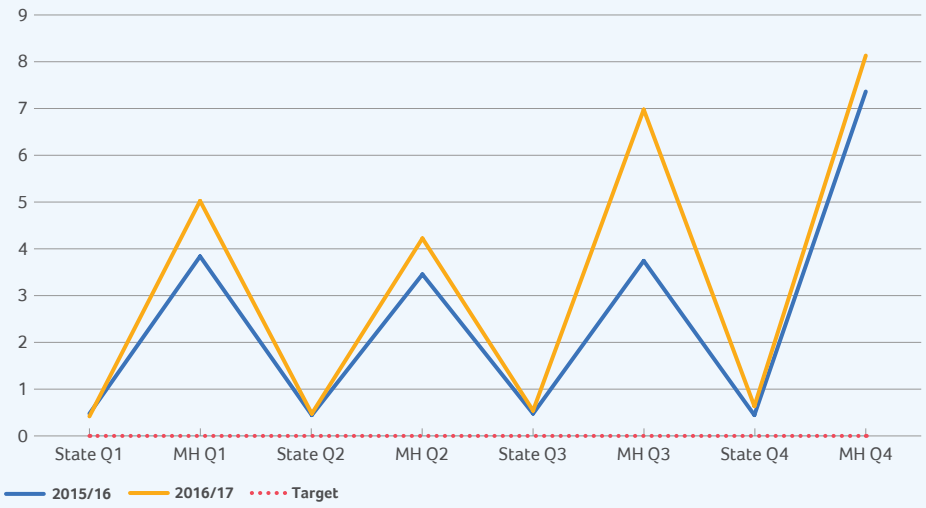
PRESSURE INJURIES STAGE 4 PER 1,000 BED DAYS



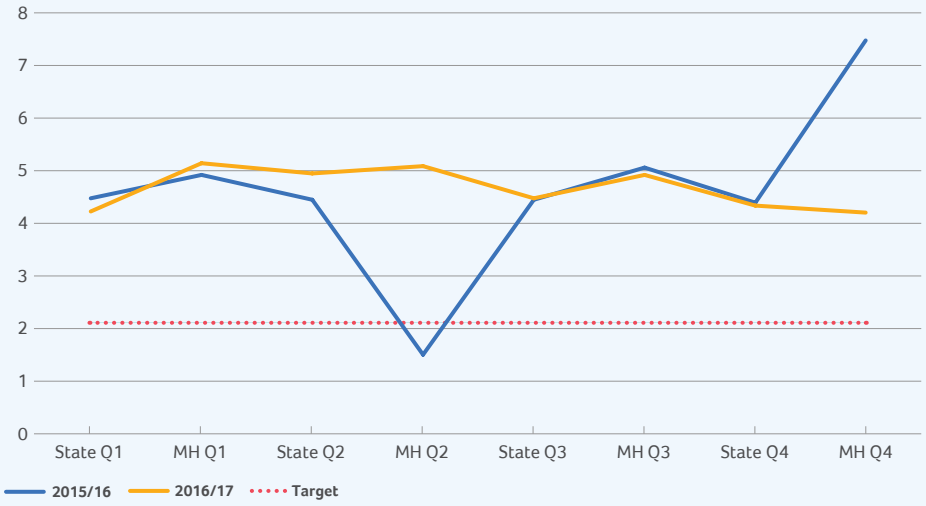
FALLS RELATED FRACTURE PER 1,000 BED DAYS



PHYSICAL RESTRAINT DEVICES PER 1,000 BED DAYS

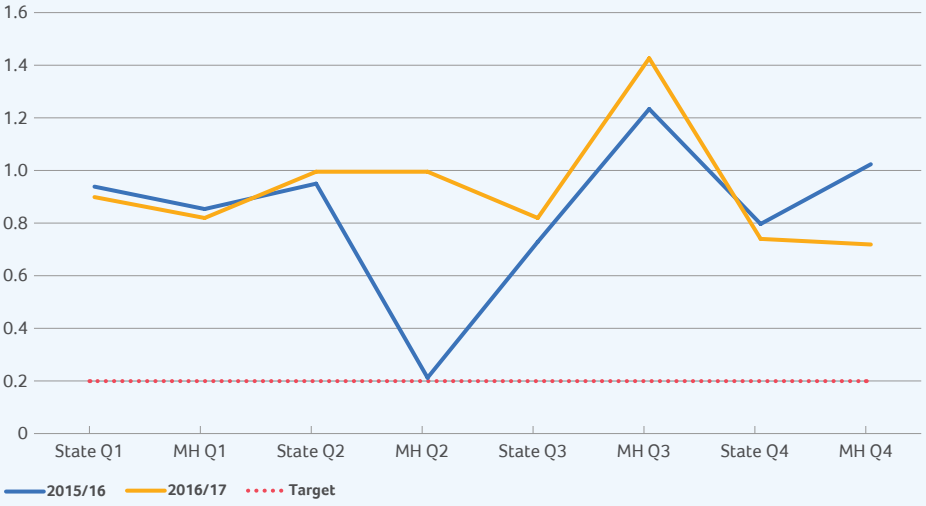


NUMBER OF RESIDENTS WHO ARE PRESCRIBED NINE OR MORE MEDICATIONS PER 1,000 BED DAYS



The number of Melbourne Health residents prescribed nine or more medications reflects the high care and complex needs of residents across the range of residential services. Best practice guidelines are followed as an increased number of medications for an individual resident can increase the risk of medication errors.

NUMBER OF RESIDENTS WITH SIGNIFICANT WEIGHT LOSS PER 1,000 BED DAYS



The monitoring and prevention of weight loss in the elderly in healthcare facilities and specifically residential aged care is an area of increased focus. The weight loss can be due to a combination of the patient's medical conditions and the type and quantity of food available.

Who we are and where we care

WE ARE A LEADING PUBLIC HEALTH SERVICE IN VICTORIA WITH A HISTORY OF PROVIDING THE BEST POSSIBLE CARE FOR OUR PATIENTS AND CONSUMERS. WE PROVIDE CARE THROUGH THREE KEY SERVICES:

THE ROYAL MELBOURNE HOSPITAL

Our acute and sub-acute academic health service

As one of the largest hospitals in Victoria, The Royal Melbourne Hospital in Parkville provides a comprehensive range of health services across two campuses.

Our City Campus provides general and specialist medical and surgical acute services. Sub-acute services, including rehabilitation and aged care, outpatient and community programs are provided from our Royal Park Campus.

The Royal Melbourne Hospital plays a key role within the broader Victorian health sector as a major Victorian referral service for specialist and complex care, and is a designated state-wide provider for services including adult trauma. It also contains centres of excellence in several specialties including neurosciences, nephrology, oncology, cardiology and genomics.

NORTHWESTERN MENTAL HEALTH

Our mental health service

As the largest provider of mental health services in Victoria, NorthWestern Mental Health works in partnership with consumers and carers to provide a comprehensive suite of general and specialist services to youth, adult and aged people within the community, residential and health services.

Services are delivered through six programs spanning 30 sites across the northern and western suburbs of Melbourne.

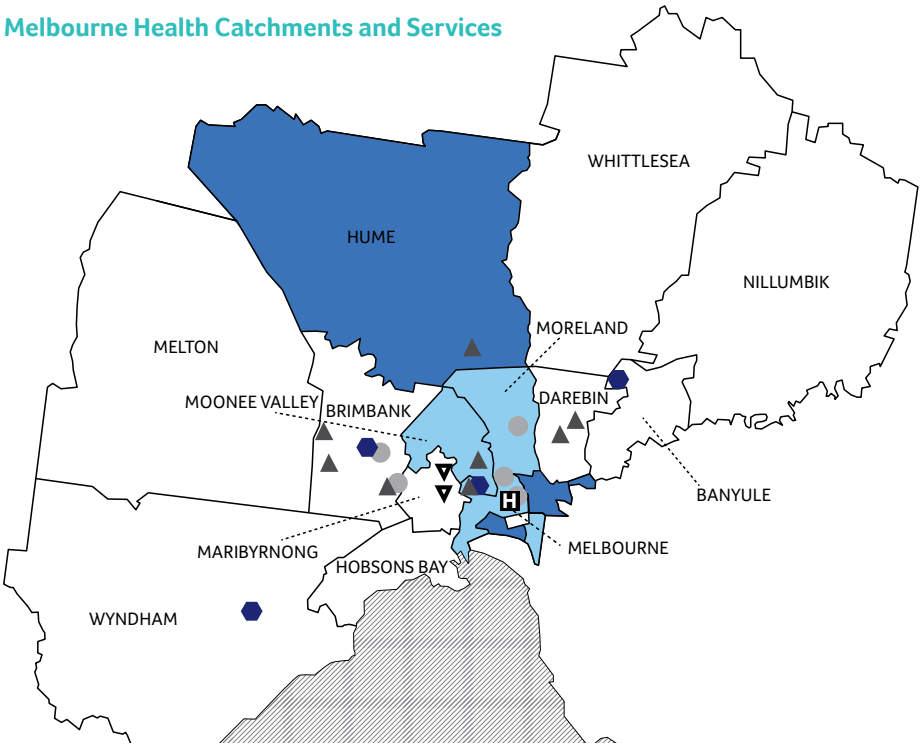
It also delivers a number of state-wide services including the neuropsychiatry service and the eating disorders service.

THE DOHERTY INSTITUTE FOR INFECTION AND IMMUNITY

Our infection and immunity service

The Doherty Institute, our partnership with the University of Melbourne, is a world-class institute that combines research into infectious disease and immunity with teaching excellence, reference laboratory diagnostic services, epidemiology and clinical services.

Melbourne Health Catchments and Services



LEGEND

- NWMH (Adult Area Mental Health Service)
- NWMH (Aged Persons' Mental Health Service)
- NWMH (Youth Mental Health Service)
- NWMH – All programs NWMH
- Catchment
- The Royal Melbourne Hospital
- RMH Primary Catchment
- RMH Secondary Catchment

OUR VISION

Our vision is to be *First in Care, Research and Learning* to improve outcomes for our community and Victorians.

CARE
First in delivering safe and high quality care

RESEARCH
First in evidence-based research integrated into practice

LEARNING
First in developing our workforce and community

OUR VALUES

Our values and behaviours guide the way we work together to achieve our vision.

CARING
We treat everyone with kindness and compassion

EXCELLENCE
We are committed to learning and innovation

INTEGRITY
We are open, honest and fair

RESPECT
We treat everyone with respect and dignity at all times

UNITY
We work together for the benefit of all

OUR PRIORITIES

We aim to achieve our vision by focusing on six strategic priorities.

CARE AND OUTCOMES
We deliver outstanding care and outcomes

PATIENT AND CONSUMER EXPERIENCE
We partner with and empower our patients and consumers

INNOVATION AND TRANSFORMATION
We embrace innovative thinking in everything we do

WORKFORCE AND CULTURE
We enable our people to be the best they can be

COLLABORATION
We maximise the potential of our partnerships

SUSTAINABILITY
We are a recognised, respected and sustainable health service

Melbourne Health is committed to working with our consumers to improve our patients experiences and outcomes.

The 2016/17 Quality Account has been produced in consultation with the Melbourne Health Community Advisory Committee.


MELBOURNE HEALTH
The Royal
Melbourne Hospital
NorthWestern Mental Health
Doherty
Institute