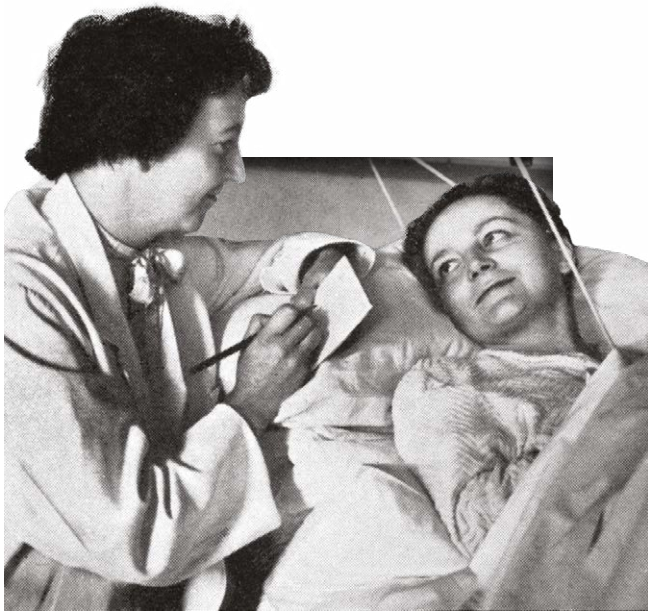
2017/18
Quality Account

Then *and* now.

MELBOURNE HEALTH

First in care



The Royal Melbourne Hospital

NorthWestern Mental Health

Doherty Institute
A joint venture between the University of Melbourne and the Royal Melbourne Hospital

At a glance:

76,391 People presented to our Emergency Department

100,286 Inpatient admissions across our acute and sub-acute services

2,212 Trauma patients treated

198,770 Outpatient appointments

17,244 Elective surgeries

8,853 Emergency surgeries

127 Kidney transplants

47 Helicopters landed at RMH City Campus each month on average

4,584 Mental health inpatient admissions across our adult, youth and specialist services

586,682 Mental health service contacts in the community

2017/18

Contents

About our cover photo:
Photos of Then and Now form part of the hospital's 170th anniversary celebrations in 2018. Pictured top is a social worker in 1952 discussing a patient's needs and below is a physiotherapist in 2018 working with a stroke patient.

We acknowledge the Traditional custodians of the land, the Wurundjeri people of the Kulin Nation whose land we are located on, and pay our respects to their Elders past and present.

A message from our Chief Executive

Our patients and consumers are at the heart of everything we do. This drives our vision to be First in Care, Research and Learning. Over the last 12-months we have focused on the importance of innovation in driving healthcare improvements and the experiences of our patients and consumers who are in our care.

These innovations include a web portal developed by our pharmacy department for patients to access information about their medication, a real-time interpreter scheduling system to provide more timely allocation of interpreters, an electronic meal ordering system that tailors the menu for each patient's requirements, and an e-learning Aboriginal cultural awareness package. The expansion of our Telehealth online outpatient consultations, the launch of Australia's first Mobile Stroke Unit – a specially equipped ambulance, and numerous world-leading clinical trials and treatments are improving the quality of life of our patients.

These initiatives are only possible because our staff recognise the importance of continuous improvements in healthcare services. Their commitment ensures our patients, and the community, benefit from the latest research and the highest quality of care.

Of special note this year, The Royal Melbourne Hospital celebrates 170 years of caring for the Victorian community – Victoria's first public hospital. Not only has it been a year to reflect on our long and proud history, it is exciting to look to the future.

A major project for the next two years is our transition to an Electronic Medical Record (EMR) system, working with our Parkville Precinct healthcare partners, the Royal Women's Hospital, Peter MacCallum Cancer Centre and the Royal Children's Hospital. The EMR will transform the way we provide patient care, it will improve the patient care experience with faster recording, access to patient records and their results.

I am pleased to present the 2017/18 Quality Account *First in Care* and hope you enjoy reading about the inspirational work happening across Melbourne Health.

Professor Christine Kilpatrick
Chief Executive
Melbourne Health.

Photo: As part of The Royal Melbourne Hospital 170th anniversary celebration, 'Now and Then' themed flags were on display at the Haymarket Roundabout. The flags showcased the hospital's outstanding archives photos, contrasting them with how we look today.

Pictured is Professor Christine Kilpatrick (centre) with hospital staff in front of the RMH 170th anniversary flags. (L-R): Eddie Cliff – Medical Resident, Emily Dalton – Occupational Therapist, Christine Kilpatrick, Debora Queiroz – Engineering Coordinator and Georgia Gatens – Graduate Nurse 2018.

Clinical highlights 2017/18

Photo top: Health Minister, Jill Hennessy speaks to 18 year old Jessica Sheehan at the official opening. Jessica travels to RMH every fortnight from Perth, as part of a Niemann-Pick Disease clinical trial.

Photo bottom: Associate Professor Constantine Tam, Professor Andrew Roberts, The Honourable Jill Hennessy MP, trial patients Sharon and Chris, and Professor John Seymour at the announcement of the venetoclax trial's success.

Clinical Trials Centre opens

A new dedicated Clinical Trials Centre (CTC) has given Melbourne Health patients increased access to the world's newest medical breakthroughs.

The CTC is for clinical trials across a broad range of therapeutic areas including neuroscience, nephrology, infectious diseases, colorectal medicine and gastroenterology, diabetes and endocrinology, respiratory medicine, cardiology, urology, haematology (non-malignant), ophthalmology and dermatology.

In its first 12 months, there have been over 2,300 patient visits to the CTC.

The purpose built centre, provides opportunities for patients and clinicians to benefit and learn from shared experiences and interactions.

Drug trial game changer for difficult to treat blood cancers

A clinical drug trial at The Royal Melbourne Hospital and Peter MacCallum Cancer Centre has led to a breakthrough in patients whose blood cancers had relapsed or were resistant to conventional treatment.

The drug venetoclax, has delivered dramatic improvements for these patients, and includes a number of patients with no detectable cancer.

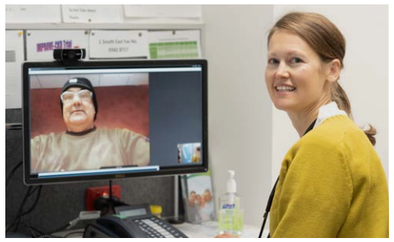
The study was led by Professor John Seymour, Director of Haematology at Peter Mac and the RMH.

"That venetoclax is able to produce such dramatic results in this hard-to-treat patient group is remarkable, and has led to much excitement among blood cancer clinicians globally,"

said Professor Seymour.

For patients Chris and Sharon, being a part of the study has been life-changing. Both were diagnosed with Mantle Cell Lymphoma in 2012, had successful treatment, but then found that their cancers had returned. After the trial, tests are unable to find any trace of their cancers.

"I went on the trial and happy days. In terms of what the scans say, I'm cancer free," said Chris.



Telehealth program reaches 1,000 patients

For some patients, a trip for an appointment at one of The Royal Melbourne Hospital's (RMH) specialist clinics involves hours of travelling. Patients who live in regional Victoria can experience round trips of 20 hours, that involve multiple modes of transport. It can be a big ask for an unwell patient seeking specialist care.

In response, the RMH Telehealth Program sprung to life. Many patients now have the option of attending their appointments via videoconference either at home, work or with their local health care team.

In the telehealth service's first 12 months of operation about 1,000 patients have avoided hours of travelling to the RMH.

In order to access the service, patients need an interconnected device such as a mobile phone, laptop or tablet. Patients can find out if they are suitable for the Telehealth Program by talking to their health care team.

Photo: Associate Professor Katherine Barraclough conducts a telehealth consultation with Grant, a patient who lives in regional Victoria.

Rooftop garden brings peace to our patients

Creating a peaceful Rooftop Garden for some of our most vulnerable patients was achieved thanks to the efforts of staff, patients and supporters.

The dream of patients, families and staff of Ward 7B was realised in May 2018, when a grey concrete area was transformed into a serene, calming rooftop garden.

Construction began on the garden in 2017. The project presented several logistical challenges – one of the most pressing was the space needed to cater for immune compromised haematology and bone marrow patients, so the plants had to be artificial.

The nursing staff asked for input from patients and their families. Their comments about the dreary outlook spurred the team to get the project off the ground.

The garden now offers a calming, welcoming and relaxing space, with one patient commenting she felt at peace and loved looking at the incredible sculptures.

It was through the generous financial support of several patients, families and corporate partners that this project came to fruition.

Photo: The new Rooftop Garden is a relaxing area for our patients and their families.

Australia's first stroke ambulance hits the road

Australia's first purpose built Mobile Stroke Unit, a specially fitted out ambulance, hit the road in November 2017. With a CT scanner and specialist equipment, it provides the quickest possible diagnosis and treatment for patients suffering a stroke, before they even reach the hospital.

The ambulance is crewed by a neurologist, stroke nurse, radiographer and two paramedics.

In its first six months, the Mobile Stroke Unit has been dispatched six times a day on average, treating 288 patients in total. It has provided 143 CT scans to patients while on the road.

Seventy-two year old Felix Schibeci received fast, life-saving treatment from the Mobile Stroke Unit after experiencing a major stroke at home due to a blockage of an artery in his brain in February 2018. Untreated, this type of stroke has an extremely poor prognosis with a high rate of death.

"I was paralysed, couldn't speak and I said, 'that's the end of me'," **Felix said.**

Fortunately, Felix's wife Ina was home, recognised the signs of stroke and phoned Triple Zero. The Mobile Stroke Unit was dispatched to their home and Felix's stroke was diagnosed immediately using the on-board CT scanner.

Felix was the very first patient to trial a new clot-busting agent, Tenecteplase, aboard the Mobile Stroke Unit, and was quickly transported to the RMH for clot retrieval surgery.

The residual clot was successfully removed by neurointerventional doctors and Felix recovered almost completely later that day. He remained in hospital simply for observation for a few days before being discharged home.

"I've got a new lease on life," **Felix said.**

Photo opposite page: Ina and Felix Schibeci at home after Felix received life-saving treatment from the Mobile Stroke Unit (photo courtesy of the Stroke Foundation).

New stroke drug melts brain clots

A drug, traditionally used for heart attacks, was found to dissolve blood clots in the brain faster and more effectively than the standard stroke drug, Alteplase. RMH neurologist Associate Professor Bruce Campbell said the study found the drug Tenecteplase was life changing in treatment of ischemic stroke.

"Tenecteplase restored blood flow to the brain before clot retrieval surgery in double the number of patients compared to Alteplase," **Associate Professor Campbell said.**

"For one in five patients treated with Tenecteplase, clot retrieval surgery was not required and the earlier restoration of blood flow improved the patient's functional recovery."

"Tenecteplase can be given over 10 seconds compared to the one-hour infusion of Alteplase, which has practical advantages when transferring patients between hospitals for clot retrieval surgery."

Patient Brad Taws, suffered his first stroke at the age of 41 and later went on to have a second stroke. After the second stroke, Brad received Tenecteplase, which dissolved the blood clot in his brain.

"Without this drug, who knows what would have happened?" Brad said. "I'm just grateful, really grateful."

This clinical trial was led by The Royal Melbourne Hospital and the University of Melbourne.

Photo above: Patient Brad Taws with co-principal investigators Professor Peter Mitchell (left) and Associate Professor Bruce Campbell (right).

Reducing the impact of winter demands on ED

Winter is a particularly busy time for the Emergency Department (ED). Having an extra evening emergency physician has significantly improved the flow of patients into ED, even during periods of high demand.

Photo: Dr Mark Putland, Director of Emergency, is one member of staff who takes on the role of Emergency Physician in Charge.

The introduction of the new leadership role called Emergency Physician in Charge (EPiC) for 6.5 hours a day, allows for medical oversight from someone with a "helicopter view."

The EPiC role is freed from direct responsibility for individual patients so they are able to take on this specialist leadership role. They organise all the handovers of patients, taking this responsibility off other ED staff, giving them more time to see and treat patients.

There is now shared leadership between the EPiC role and the nursing Floor Coordinator, and there is shared responsibility for clinical supervision and decision making. The time taken to request a bed for patients needing admission into a ward has reduced, which improves patient care and allows for ED beds to become available sooner for new patients.

Despite a 10 per cent increase in ambulance arrivals this year, the transfer of patients from ambulance into ED has improved slightly. Importantly, patient waiting times this winter season have not increased, as per previous years.

The model has been extended to the night shift with the senior register taking the role of Emergency Registrar in Charge (ERiC).

New winter flex ward

Officially opened by the Victorian Premier, Daniel Andrews, in May 2018, the RMH's new $1.2m winter flex ward, 2 West, has helped to ease pressures across the hospital over the busy winter season.

The specialised ward has the capacity to care for up to 12 patients requiring further tests or consultations to determine whether they should be admitted for further treatment or discharged for ongoing management by a GP.

Associate Professor Lou Irving, Head of Respiratory Medicine at the RMH, said 2 West helped RMH cope with the demands of the flu season, which had an unprecedented impact on the hospital in 2017.

"Last year we had 300 flu-related admissions in a four to five week period," **Associate Professor Irving said.**

"This new ward increased our capacity to respond to the demands of winter and allowed the rest of the hospital to continue to function as normal."

Other initiatives to help meet increased winter demands included additional pathology testing capacity for patients who presented with flu-like symptoms and expanding our Hospital in the Home beds from 30 up to 35, so more patients can receive treatment in the community.

Going the *extra* step for feedback

When our patients are discharged from hospital, they are asked to complete the Victorian Healthcare Experience Survey (VHES).

A key question of the survey is 'How would you rate the care you received?'. About 94 per cent answered "good or very good" in our best quarterly result for the year. We are working hard to achieve an even better response so we can continue to provide the best possible care.

To do this, we complement the VHES with our own survey so we can give individual wards and units information about how their patients experience care. This year, approximately 2,500 RMH patients responded to the survey about their inpatient care.

Patients told us that communication, discharge processes, and cleaning were areas of focus for us, so we have taken steps to address these concerns.

At the bedside, staff are asking patients 'What matters to you?', and using that information to help plan their care.

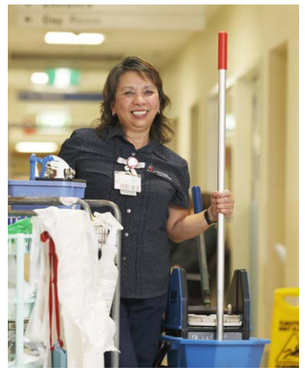
Several wards are making daily contact with next-of-kin by phone or text, to let them know in general how their family member is, and what is planned for the day.

An example of a text to a next of kin: "Chris has had breakfast, is sitting out of bed, and will be having an x-ray".

We're working to involve patients and families more in decisions about care and we've improved our consent processes.

Patients and families tell us that having the right advice and information as they leave the hospital really matters. We're improving our Discharge Information letters with input from patients, and we've improved our systems to efficiently transfer Discharge Summaries to GPs.

Patient perception of cleanliness is measured across all our surveys. Our cleaning teams have started a "Sparkle" program, allocating resources for extra spot checks. If patients are not in their rooms, "Sparkle" cards are left to say that an extra clean has happened. In public areas, cleaning frequency signs have been introduced, together with information about how to report if an area needs further cleaning.



In December 2017, a new electronic meal ordering system was implemented across most wards.

A Food Services staff member visits each patient to take their order on an electronic tablet. Only foods that have met the patient's nutritional requirements and preferences are offered in a tailored food menu. Staff enter special diet codes into the system so that patients who have multiple food requirements can be catered for simultaneously e.g. Halal / gluten free / modified texture. This has greatly improved the safety and suitability of food for patients with special food requirements.

Photo: Nelly Bautista is a member of our cleaning team.

Working with Quit to tackle tobacco

About 32 per cent of people living with mental illness smoke cigarettes compared to the national rate of 12.8 per cent.

Photo: The mental health staff who led the Quit campaign.

An analysis of 26 studies found that smokers who have quit had significant long-term improvements in depression, anxiety, stress and psychological quality of life compared to those who don't quit.

So Melbourne Health's mental health team partnered with Quit Victoria to review and develop a range of procedures and tools to support staff and consumers to be smoke free.

In early 2017, Quit Victoria provided funding for a peer support worker to:

- support consumers in their journey towards quitting smoking,
- improve staff education levels in this area, and
- help staff to support consumers to quit.

Following the success of this role, Quit Victoria funded an extra peer support worker to build on this work.

In early 2018, NorthWestern Mental Health (NWMH) developed a new "Supporting Consumers to be Smokefree" form to support the screening, assessment, planning and intervention delivery.

Since these initiatives, staff have reported a positive impact on staff attitudes, confidence and knowledge in providing smoking cessation support to consumers.

Historically, many mental health professionals have been reluctant to engage in smoking cessation interventions as they believed quitting would worsen mental illness. However, recent evidence suggests that the reverse is true; quitting smoking for at least six weeks actually improves mental health, mood, and quality of life – whether or not a person has a psychiatric disorder.

The peer support workers feel that the culture is changing and that there is less resistance within services to addressing smoking.

Photo: This mural is by Mandy Nicolson and sits in the Mooroop Wa-Lum-Buk (Renew Soul) Garden at RMH City Campus.

Culturally safe health care

Providing culturally appropriate and safe care to our Aboriginal and Torres Strait Islander patients, consumers and their families demonstrates our ongoing commitment to close the gap in health outcomes between Aboriginal and non-Aboriginal people.

During our celebration of National Reconciliation Week, we promoted our Cultural Awareness – Aboriginal and Torres Strait Islander online e-learning package. It is available to all staff to gain an introduction to Aboriginal and Torres Strait Islander culture and importantly, the provision of culturally safe health care.

The development of the e-learning package was a collaborative process involving our Aboriginal and Torres Strait Islander workers and the ATSI community. Input from our nursing, medical, human resource and social work staff was also incorporated into the package. The Royal Melbourne Hospital is the first Parkville Precinct hospital to have such a learning package for staff.

Staff who completed the training have been very positive and have commented that, "I will chat to my colleagues about what I have learnt," and "I really enjoyed the package, it was well structured."

NAIDOC Week's Ian Anderson Indigenous Oration was hosted by RMH Emergency Physician, Dr Glenn Harrison. It reflected on the 2018 theme 'Because of Her, We Can' to celebrate the active and significant roles of Aboriginal and Torres Strait Islander women as pillars of society.

Service development initiatives are also underway to ensure we offer a welcoming and inclusive environment. A Reconciliation Action Plan is being developed in consultation with the community and staff. This includes the development of the 2018-2020 Aboriginal and Torres Strait Islander Employment Plan. This will guide us to create a culturally inclusive and sustainable work environment for Aboriginal and Torres Strait Islander people now and into the future.

Taking a stand against violence and aggression

Frontline staff have created a video to show the acts of violence and aggression experienced and witnessed by hospital workers.

Titled '*Help Us, Help You*', the video has received national and international interest and is playing on screens in the Emergency Department (ED) waiting room.

ED Nurse Unit Manager, Susan Harding, said the video is a very personal approach to showing what ED staff see and experience on a daily basis.

"We hope the video, which has examples of what emergency staff experience and CCTV footage of actual incidents, has a positive effect on people who watch it,"
Susan said.

The video supports the Department of Health and Human Services and Worksafe Victoria's Occupational Violence and Aggression campaign, launched in 2017. Up to 95 per cent of healthcare workers have experienced verbal or physical assault.

In 2017 at the RMH City Campus, there were approximately 7,500 occasions where potential or actual acts of violence occurred.

Susan added there needs to be a significant mind shift in the workplace and in the community about what is acceptable.

"In healthcare we sometimes tend to think that occupational violence and aggression is 'just part of the job', but we want to change that thinking. That's not what we come to work for," Susan said.

Photo: The RMH Emergency Department team developed the 'Help Us, Help You' video to raise awareness of occupational violence and aggression in healthcare.

Improving accessibility for people with disabilities

Our wide range of facilities and services need to be accessible to people of all abilities.

Over the past year, we have focused on improving access to our services at RMH City and Royal Park campuses.

RMH City Campus

We invited accredited auditors to review the accessibility of frequently used areas, including the car park, short term patient drop off areas, the main hospital entrances, emergency entry points, key customer service points and reception areas.

As a result, we have extended the hours of our popular '30 minute free parking' drop off option in the car park. This option was available between 9am and 3pm, and we have extended the hours to make this available during the hours the carpark is open – 6am to 9pm, seven days a week.

Other recommendations from the audit are being incorporated into a larger redesign plan of our main entrance.

RMH Royal Park Campus

A number of disability access improvements have been made based on patient feedback and include:

- New wheelchair and scooter-friendly pathways from the Park Street and Poplar Road entries lead patients and visitors to reception.
- New concrete footpaths and handrails have been installed in front of the Rehabilitation Unit, the cafe and at safe crossing points.
- A hand-rail was installed from Poplar Road to the Rehabilitation Unit entrance, which also assists with negotiating steps.
- Bike racks have been installed at the entrance of the Clinical Centre for patients, including our amputee patients, to make use of them when riding to appointments.
- Disabled carparks have been upgraded to allow sufficient space to enable full access from either driver or passenger side of the car.

We have extended the hours of our popular '30 minute free parking' drop off option in the car park. This option was available between 9am and 3pm, and we have extended the hours to make this available during the hours the carpark is open.

Celebrating inclusion at Melbourne Health

Photo: Chief Executive, Christine Kilpatrick (centre) and Melbourne Health staff showing their support for the LGBTIQ community on the International Day Against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT).

Melbourne Health staff and volunteers gathered on 17 May to celebrate and recognise IDAHOBIT – the International Day Against Homophobia, Biphobia, Intersexism and Transphobia.

This was an opportunity to celebrate sexual and gender diversities, and to stand up against discrimination and bullying.

Staff members Andrew Wale-Corey and Lisa Wojciechowski were asked why the IDAHOBIT celebration at Melbourne Health is important to them:

Andrew:

As an employee at Melbourne Health it is extremely important to celebrate IDAHOBIT Day. Its shows that not only am I accepted and welcomed but that it is a safe place to work, be a patient or seek support from a leading health provider.

It shows Melbourne Health wants to be a part of this conversation to reduce health disparities within the LGBTIQ community, provide education opportunities and be a leader in LGBTIQ inclusive practice.

Lisa:

The LGBTIQ community are both patients of Melbourne Health and staff. Celebrating IDAHOBIT Day is important because it is a form of acknowledgement of our community who typically experience disparities in physical and mental health outcomes.

By taking an active stance in this space, it makes it clear that our organisation takes the rights and wellbeing of the LGBTIQ community seriously. I feel proud to work for an organisation that makes my and my community's wellbeing a priority.

Building our safety culture

We want Melbourne Health to be a great place to work and a great place to receive care. Over the last two years, our Safety Culture Program has been an important part of this.

Through this program, staff and volunteers are empowered to prioritise safety, speak up and build a culture where feedback is given and received – openly and professionally.

More than 85 per cent of staff and volunteers have attended workshops on Speaking Up for Safety. A four-step assertiveness model called the "Safety Code" explains how to raise a concern with a colleague without seeming confrontational or rude.

Manager of Support Services, Liz Virtue said staff should not go home wishing they had spoken up.

"The Safety Code helps staff to find their own words to Speak Up. This ensures we provide the best, safest care possible," **says Liz.**

Key initiatives to build a stronger Safety Culture have included:

- **Our online '*weCare*' system** gives staff a safety-net for Speaking Up when they don't feel able to do this through the usual channels. It has also given us a way to recognise more than 450 staff for living our values through You Made a Difference Awards.
- **Supporting our leaders** by giving them the skills to shape our culture through targeted discussions, support and development opportunities.
- **Supporting multi-disciplinary teams** to make improvement and learning a greater part of how we work, and to address challenges.

We are excited to see it is already starting to have an impact.

There has been a positive shift in all the questions related to Patient Safety in the 2018 People Matter Survey.

What do staff tell us about patient safety?

My suggestions about patient safety would be acted upon if I expressed them to my manager:
↑ *5 per cent increase in agreement from 72 per cent to 77 per cent.*

Patient care errors are handled appropriately in my work area:
↑ *4 per cent increase in agreement from 73 per cent to 77 per cent.*

I am encouraged by my colleagues to report any patient safety concerns I may have:
↑ *3 per cent increase in agreement from 79 per cent to 82 per cent.*

I would recommend a friend or relative to be treated as a patient here:
↑ *2 per cent increase in agreement from 77 per cent to 79 per cent.*

We strive for 80 per cent positive responses to these questions as a part of our agreement with the Victorian Government (called the Statement of Priorities).

Culture change is not quick or easy. That's why our leadership team have made a long-term commitment and are taking a comprehensive approach.

Providing flu vaccination to those who are at risk

People who have a severe mental illness such as schizophrenia, bipolar disorder and major depression experience higher rates of physical conditions such as heart disease and cancer. They also have a life expectancy up to 20 years shorter than the general population.

An audit by North West Area Mental Health Service identified that respiratory infections or long term lung problems were having a big impact on the physical health of their clients. Also, many of these clients were not vaccinated against the flu, even though they were eligible for free influenza vaccination under the National Immunisation Program.

In May 2018, this service commenced an eight week pilot program to provide free influenza vaccinations to at-risk clients. This involved training 50 staff in immunisation storage requirements, pre immunisation checks, prescribing, reacting to adverse effects and documentation.

There were 58 vaccines administered across six mental health service sites across Broadmeadows, Coburg and Brunswick. This initiative has provided a significant level of protection for people living with multiple medical conditions. It is hoped to repeat this program in future years.

Photo: The leadership group for the influenza vaccination program (l-r) Emily O'Sullivan, Daniel Stinson, Jo Suggett – Program Coordinator and Diana Claney.

Melbourne Health shines at Accreditation

All hospitals must undergo regular assessments by external experts against a number of standards. This helps us ensure patients are safe when they need to come into hospital.

Melbourne Health was successfully accredited after our most recent assessment in October 2017. Five surveyors from the Australian Council of Healthcare Standards came to review the standards which are critical to delivering safe patient care.

In addition to meeting all of the requirements, Melbourne Health was awarded the highest possible commendation (a "Met with Merit") for six actions and there were no formal recommendations – an outstanding result for our health service.

Accreditation also applies to our Residential Aged Care Facilities. All four residential aged care facilities underwent successful accreditation in 2018.

weInterpret

Streamlining interpreter requests

It is empowering for patients to be able to express themselves in their first language. This enables them to more fully participate in their healthcare.

There were over 55,000 requests for language services from our patients in the past year. Our Transcultural and Interpreter Service provided services in over 100 languages and dialects across our RMH City Campus and RMH Royal Park Campus.

To keep up with this demand, a new and advanced scheduling system was needed that could efficiently receive, action and manage the outcomes of interpreter requests.

After investigating the available systems, the interpreting team decided to develop a tailored program that would cater for the variability of our patient bookings.

In November 2017, welNTERPRET went live to all Outpatient Clinics with great success. Access was then expanded to other key areas such as Radiology, Nuclear Medicine and Diabetic Services.

The program was developed with input from staff with patient care at the forefront. One of the most important considerations when requesting an interpreter is the timing, and the demands of other areas for interpreter services. welNTERPRET works in real time with our main external interpreter provider to enable the immediate registration of requests and more timely allocation of an available interpreter. Previously, finding interpreters could be delayed due to the limitations of requesting this by phone or email.

welNTERPRET is unique to Melbourne Health, with its functionality incorporating automated interpreter service requests and its ease of use. Dashboards provide relevant departments with easy access to the program, as well as end-to-end data collection. This allows us to respond more effectively to variations associated with the growing demand for interpreter services.

Right fit – a new model for staff recruitment

Getting the right staff improves the quality of patient care. Recruiting clinicians who share behaviours and attitudes that align with the culture, values and strategic intent of a health care organisation is critical to sustainably growing the workforce.

A new behaviourally-grounded recruitment model was implemented in Allied Health. It was hoped to reduce the number of staff who ceased employment within 12 months of starting. As part of this new recruitment model, consumer advocates were included on interview panels.

The results showed a decrease in the number of staff leaving within 12 months of starting. Encouragingly, this remained evident in the second year. At the end of the implementation period, staff turnover had decreased from 19 per cent to 14 per cent.

Consumer advocate, Dian, supported this new approach to recruitment.

"We have something to contribute as we are not professionals, but we can relate to the human side of things. We are not looking for the expert in the field, but we look for answers in a language we can understand. We want honesty, understanding and want to be listened to," Dian said.

The inclusion of a consumer advocate on the interview panel provides a unique perspective of the candidate, permitting a more holistic evaluation of their suitability.

Photo: Senior Clinical Neuropsychologist, Deborah Leighton (left), Consumer Advocate, Tony and Allied Health Psychology Manager, Caroline Fisher (right) are ready to interview for a psychology position.

Final ICU Pod officially opened

Photo: Intensive Care Unit (ICU) Nurse Unit Manager Michelle Spence, Peter Simpson, ICU Director A/Prof Chris MacIsaac and Chief Executive Christine Kilpatrick with regular ICU patient and ICU consumer representative Val Simpson (front) at the official opening of Pod D.

Partnering with our families on the ICU afternoon ward round

The Intensive Care Unit welcomes next of kin to attend the afternoon medical ward round, where doctors discuss a patient's progress and make decisions about their care.

Michelle Spence, Nurse Unit Manager of ICU said the trial is a good opportunity to improve the way we work together with patients and families.

"Opening up the afternoon ward round to next of kin allows them to have a greater understanding of what is happening to their loved one,"

Michelle said.

"During the ward round, the next of kin have the opportunity to ask any questions, and they are also encouraged to use the patient whiteboards to list down any queries or concerns they have."

The trial follows an ICU consumer satisfaction survey in which 26 per cent of the families surveyed said they were dissatisfied with not being present on the ward round.

Two family members can be present for the ward round. They can hear the latest updates straight from the doctors and feel informed and involved in their loved ones care.

The Royal Melbourne Hospital's 42-bed Intensive Care Unit (ICU) is now complete, with the fourth and final Pod officially opened in May 2018.

Pod D has added an additional 10 beds to the ICU, which opened with 32 beds in 2016.

In 2017, the ICU received a record number of 2,723 patient admissions, which is a 7.7 per cent increase from 2016.

The ICU not only provides critical care to patients from the RMH, but also Peter MacCallum Cancer Centre and The Royal Women's Hospital. The unit can also be modified for pandemics such as influenza.

Medication support through e-learning

Patients can access information about their medications through a new innovative web portal – the Patient Learning Hub.

The Patient Learning Hub is home to four interactive e-learning modules which help patients and their carers learn more about medicines they are using for certain conditions.

Developed by the RMH Pharmacy Department, the user-friendly modules contain information about why patients need to take their prescribed medications, how to take the medications, possible side effects and general tips for managing medicines.

RMH Clinical Pharmacist, Kristin Knorr, said it aims to improve patient experience, patient safety and clinical outcomes.

"The modules are designed to supplement education provided by staff, to help patients gain a better understanding of their medicines and empower them to be actively engaged in their health," Kristin said.

"It's about having something patients can refer to once they've left hospital, as often the process of leaving hospital can be stressful and patients can forget what they have been told by staff."

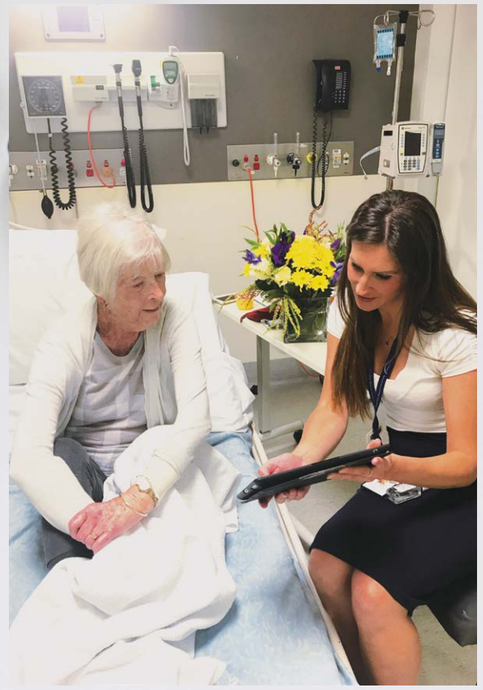


Photo: Pharmacist Kristin Knorr helps a patient learn more about their medications using the online Patient Learning Hub.

The four modules currently available are: *Know Your Medicines by Heart* (for people who have had a heart attack), *Know Your Medicines after a Kidney Transplant*, *Know Your Warfarin* and *Know Your Medicines after a Stroke*.

The Pharmacy team consulted extensively with specialist RMH doctors, nursing staff and patients to develop the modules.

Once registered, patients can access the modules as often as they like on a tablet device or computer while in hospital and at home after being discharged.

The Rudi project

The Rudi project is a new initiative that will measure the benefits of Animal Assisted Therapy from both a clinician and a patient perspective.

Rudi is an adorable Beaglier who joined the Allied Health department in 2017 as a therapy dog. He has received extensive training to ensure he is safe and appropriate to work with patients. A group of clinicians have been trained in understanding animal behaviour, handling therapy animals and using Rudi as a therapeutic tool with patients.

Rudi has worked with a variety of patients. He has participated in motor retraining with patients who have upper limb problems following a brain injury. Rudi has also provided psychosocial support to patients on the palliative wards.

A social worker used Rudi with a patient who was experiencing significant distress following receiving news that his diagnosis was terminal.

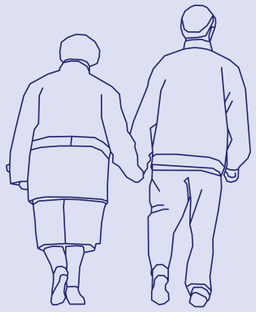
Animal Assisted Therapy has been introduced at the RMH to provide emotional and physical benefits to patients, including reduced stress levels and reduced blood pressure.

"My patient had family interstate who were making all efforts to arrive, however the patient was alone for a significant period of time. I had known the patient for a while and knew his affection for dogs. Rudi was able to provide comfort and companionship to the patient during this distressing time,"

she said.

Another positive benefit of the Rudi project is improved staff mental health and well-being. Health professionals have been identified as a group who face numerous psychological challenges as part of their everyday work. Nursing, medical and allied health staff have sought out Rudi to assist with debriefing. Taking Rudi for a walk, spending time cuddling, patting and talking to him has been enormously helpful for reducing stress levels.

Photo: Rudi as a trainee assistance therapy dog.



Our four residential aged care facilities provide high care services. Cyril Jewell House provides care for residents with multiple sclerosis and neurological disorders, in addition to residential aged care.

During 2017/18, the four facilities reviewed their policies, procedures and forms to make it easier for staff to identify what assessments and de-escalation strategies are needed to minimise restraint use.

At Cyril Jewell House, extra checks were put in place to review residents taking certain types of medication, or medication more than five times per day to ensure this is right for the resident.

To help address falls concerns, Boyne Russell House had a specialist footwear company to provide personalised footwear/shoe fitting for residents, which took into account individual foot problems. Falls Forums are held regularly where staff can focus on identifying at risk residents and developing strategies to prevent falls.

Putting resident safety first

Our four Residential Aged Care Facilities (RACFs) are:

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

NorthWestern Mental Health residential aged care facility performance

Indicator (per 1000 bed days)	2017/18	2016/17	State Average 2017/18	Target
Pressure Injuries Stage 1	0.28	0.28	0.41	0
Pressure Injuries Stage 2	0.45	0.6	0.34	0
Pressure Injuries Stage 3	0.02	0.11	0.05	0
Pressure Injuries Stage 4	0	0.07	0.01	0
Falls	4.82	4.55	8.09	3.3
Fall Related Fractures	0.13	0.05	0.15	0
Intent to Restrain	0.09	0.07	0.21	0
Physical Restraint Devices	2.98	3.46	0.56	0
Nine or more medicines	5.22	4.45	4.56	2.1
Significant Weight Loss (>3kgs)	0.91	1.01	0.81	0.2
Unplanned Weight Loss (consecutive)	1.22	0.98	0.82	0

Note: average of the four RACF figures shown

Maintaining a safe environment to prevent infections

Preventing infections remains one of our highest priorities.

The flu

The Flu (influenza) is a highly contagious virus which can cause a respiratory tract infection and occasionally pneumonia. To reduce the spread of flu, the Victorian Government asks hospitals to ensure at least 80 per cent of their staff are vaccinated. In 2018 Melbourne Health exceeded this target, with 85 per cent of staff receiving the flu shot at work. We achieved this great result by:

1. Targeting workers in high-risk areas with low rates of vaccination in the past.
2. Better tracking of our data.
3. Better process to follow up those not yet vaccinated.

Infections

Some patients are more vulnerable to infections due to their health condition or the treatment that they need. However, preventing infections remains one of our highest priorities.

Staphylococcus aureus (SAB) is a type of bacteria which is a leading cause of blood stream infections. The Victorian Government has set a target that the rate of healthcare associated SAB should be no higher than 1.0/10,000 bed days. In 2017/2018, Melbourne Health came under this rate at 0.9/10,000 bed days.

Any SAB infections which develop at Melbourne Health are logged as an incident and investigated by specialist staff in Infection Prevention and Control and the doctors working in the area.

Healthcare associated SAB can be linked to intravenous catheters. In November 2017, new dedicated packs of equipment were introduced to improve the way these tubes are inserted, and how these details are recorded in the medical record.

Central Line Associated Blood Stream Infection

Some patients may need a catheter inserted which sits close to the heart. This is called a central line. If an infection related to a central line develops in hospital, this is called a Central Line Associated Blood Stream Infection (CLABSI). The Victorian Government sets a target of zero CLABSI. In 2017/18, Melbourne Health had a rate of 1.19/1000 device days.

All CLABSIs are reviewed by a team of infectious disease specialists, microbiologists, intensive care physicians and infection prevention specialists. In all cases during 2017/18, the review identified no practice gaps. We continue to strive for zero CLABSI by monitoring, reviewing and benchmarking against other hospitals of similar size. We have evidence-based protocols for inserting central lines as well as staff education programs. Staff inserting central lines are tested and complete multiple insertions under supervision before they can do this unsupervised.

Advance Care Planning

Advance Care Planning is a process of thinking about and talking about what is important to you when it comes to medical treatment.

Advance Care Planning may involve appointing someone to make medical decisions for you if you are unable to make decisions due to illness or injury. This person is known as your Medical Treatment Decision Maker (MTDM).

It may also involve writing your wishes down in an Advance Care Directive (ACD), which is a document that describes your values and preferences and the type of treatment you would or would not want to have.

If you choose not to formally appoint someone to make medical decisions for you then your Medical Treatment Decision Maker will be the first person in the following list that is willing and available to make medical decisions for you:

– Spouse or domestic partner
– Primary carer
– Adult child
– Parent
– Adult sibling

Very few RMH patients aged over 75 were identified as having an Advance Care Directive or an appointed Medical Treatment Decision Maker over the past year.

To be included in this report, patients must have provided the hospital with a copy of their ACD or MTDM paperwork.

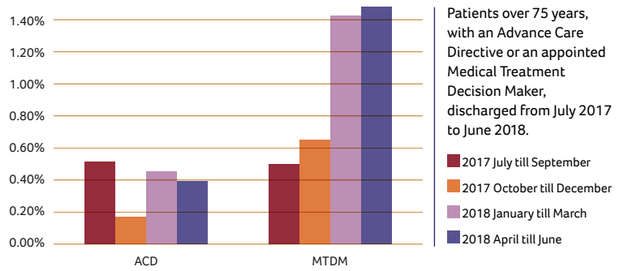
When you appoint a Medical Treatment Decision Maker or make an Advance Care Directive; it is important to provide a copy of the paperwork to your Medical Treatment Decision Maker, your GP and the hospital you normally attend.

This helps to ensure that everyone is on the same page about your wishes. You might also consider uploading a copy to your My Health Record.

To find out more, visit the RMH website, talk to your GP or contact the Office of the Public Advocate.

Number of patients aged over 75, with an Advance Care Directive or an appointed Medical Treatment Decision Maker, discharged from July 2017 to June 2018.

	No.	%
All patients over 75	21,675	
Patients over 75 with ACD Alert	84	0.39%
Patients over 75 with MTDM Alert	188	0.87%



Medical Treatment Planning and Decisions Act

On 12 March 2018, the Medical Treatment Planning and Decisions Act became law in Victoria. This legislation recognises an individual's right to make decisions about their health care and medical treatment and to plan ahead for a future time when they may not be able to make their own decisions.

A comprehensive education and communication strategy was implemented to support the new legislation at Melbourne Health:

– Around 80 presentations were made to clinical staff. Regular newsletter articles were published, emails sent and information was made available online.
– Over 20 education sessions were provided to General Practice Clinics and residential aged care facilities.
– Advance Care Planning patient information brochures were updated and have been translated into the top six community languages of patients.
– Clinical procedures have been updated to align with the legislation and guide staff in their responsibilities.

Advance Care Planning has been shown to improve end of life care and ease bereavement for the patient's family and friends.

Melbourne Health is committed to improving end of life care and in 2017 we participated in a project with the Australian Commission on Safety and Quality in Health Care (ACSQHC), which examined the safety and quality of end of life care provided in nine Australian hospitals.

The results highlighted that while good quality end of life care is delivered at the RMH; we could improve the timeliness of discussions with patients and access to education for clinical staff – to enhance their knowledge and confidence in talking to patients about end of life care. A Personalising End of Life Committee has been established to oversee the implementation of improvement activities.

The audit tool and staff survey were evaluated as part of the project and the revised versions are now available on the ACSQHC website for health care organisations to use on an ongoing basis.

Making medical decisions for a loved one

Jim was 73 years old when he was found by his neighbours collapsed at home. He was unable to talk or move his right side. He was brought to the RMH and diagnosed with a stroke. Investigations also revealed anaemia and a new diagnosis of cancer.

Jim lived alone, had never married, didn't have children and had always been a very private person. His sister Alice visited him regularly, but he hadn't attended a family function for many years. He only left home to do his weekly shopping and had not seen a doctor for over 20 years. He had never made an Advance Care Directive.

Jim's stroke had affected his ability to understand speech and communicate his wishes. He was not able to respond to basic questions with speech or gesture and could not write. After the initial treatment for the stroke, he made minimal recovery and remained unable to communicate.

During this stay in hospital, Jim's anaemia worsened and the treating team recommended a blood transfusion.

The team determined that he did not have decision making capacity to either consent to, or refuse, a blood transfusion.

To have decision making capacity regarding medical treatment a person should:

– understand the information relevant to the decision (including the medical condition, treatment options, and risks and benefits of treatment options);
– retain that information to the extent necessary to make the decision;
– use or weigh that information as part of the process of making the decision; and
– communicate decision/s in some way, including by speech, gesture or other means.

Alice was Jim's Medical Treatment Decision Maker. Based on conversations that she and Jim had over the course of his life, Alice believed that he would not want any life prolonging treatments, especially if he was unable to return to living independently.

With the support of the treating team, Alice made the decision to refuse a blood transfusion and any further active treatment. Jim was moved to a nursing home closer to Alice. He died peacefully two months later.

The Medical Treatment Planning and Decisions Act requires a person's Medical Treatment Decision Maker to make the decision they reasonably believe the person would have made for themselves.

Delivering safe treatment and support

NorthWestern Mental Health has implemented a number of initiatives to provide care that is helpful and respectful to consumers, carers and families.

Improvements have included enhanced access to sensory modulation, which is based on the theory that how we receive information through our senses can affect our emotions and impact on our behaviour. This means we can help ourselves stay calm and perform better by adjusting sensory input around us.

Other improvements have included an upgrade to the clinical environment and more extensive training for staff in the Management of Clinical Aggression.

Restrictive interventions involve the use of bodily or mechanical restraint and seclusion (confinement of a person to a room or an enclosed space). These may only be used if needed to prevent serious harm to the person or another person. This is used only after all reasonable and less restrictive options have been tried or considered.

Our rate of physical restraint during 2017/18 was 8.9 episodes per 1,000 bed days and mechanical restraint was rarely used at a rate of 1.6 episodes per 1,000 bed days.

NorthWestern Mental Health Seclusion Rate / 1,000 bed days:

	Seclusion Rate:	Target:		Seclusion Rate:	Target:
2010/11	26.9 ↑	20	2014/15	11.4 ↓	15
2011/12	22.2 ↑	20	2015/16	13.5 ↓	15
2012/13	14.7 ↓	15	2016/17	11 ↓	15
2013/14	11.2 ↓	15	2017/18	13 ↓	15

Since 2012/13, the Victorian target for seclusion is a rate of less than 15 episodes per 1,000 bed days. Use of seclusion at Melbourne Health has been within target for the last six years.

Learning from incidents

At Melbourne Health we are committed to keeping patients safe in hospital. If things don't go to plan, it is important to understand what happened and take action to improve quality and safety.

All serious incidents are investigated to understand what contributed to the incident and identify opportunities to improve processes. From these investigations, recommendations are made, implemented and monitored to ensure they work.

Sometimes recommendations involve a quick fix but sometimes a larger improvement project is required. For example in 2017 a patient had a complication following a surgical procedure. The investigation found that staff had to go to another floor to complete and print reports. As a result, access to reporting software was made available in the procedural area. We also repositioned the screen to view x-rays to allow direct line of sight for the operating clinicians.

Six months later the actions were reviewed to ensure that they are working. When asked about the investigation, the manager reflected that the process had improved patient safety in that area, allowing the team to resolve a number of workarounds that had been in place. The manager also noted that staff were less stressed and efficiency had increased, allowing more time for patient care.

Helping patients and families to raise concerns

Family members are often best placed to notice if something is not right with a patient. The 'If You're Worried, We're Worried' initiative was introduced at RMH City Campus in 2015 and at RMH Royal Park Campus in 2017. This initiative enables a patient, family member or carer to escalate concerns and ask for help if they are worried.

Patients and their families are encouraged to talk with the doctor or nurse about any concerns. If they are still concerned, they can call the 1800 Worried number, 24 hours a day seven days a week. Between July 2017 and June 2018 we received three calls.

Patient Experience Feedback:

If you had any worries or fears about your condition or treatment, did a staff member discuss them with you?

71 per cent – *yes always*
25 per cent – *yes often/sometimes*
4 per cent – *no*

Patient feedback is making a difference

Melbourne Health received more than 2,700 items of feedback in 2017/18, an increase of about 25 per cent on the year before.

About half the feedback was received using the "Talk with us" and "Tell us what you think" forms, and 30 per cent came via email or online.

In 2017/18 we received 1,200 compliments, which is more than double the previous year. The majority of these referred to the kindness and compassion of staff members.

Our complaints increased by nine per cent. More than half of these related to:

- Communication between staff and patients (*e.g. "I wasn't sure what the plan was for my care..."*)
- Treatment issues (*e.g. "I think my diagnosis wasn't right..."*).

About 10 per cent were about access to care (e.g. "I have been waiting too long for my outpatient appointment…").

All feedback is reviewed by the relevant managers, and staff reflected on the themes of feedback for their area to make improvements. The Melbourne Health Board and Consumer Advisory Committee receive regular reports on the experiences of our patients, and what we have done to address concerns. When feedback results in a change, we tell our community about this on our "You Said. We Did" internet page.

You said...

"I'm reluctant to leave the Outpatients waiting room to get a coffee or use the bathroom, in case I miss my appointment."

We did...

Many of our clinics enable waiting patients to provide their mobile number so they receive a text message a short while before being called in for their appointment.

You said...

"When I'm fasting for my procedure and my procedure is then postponed, there is no hot food available."

We did...

A procedure was developed to guide staff on fasting processes, and an after-hours selection of hot meals is now available.

You said...

"Access to the toilet facilities in the Clinical Centre at Royal Park Campus is difficult as I use a wheelchair and the door is heavy."

We did...

An automatic door was installed to allow for improved access for all people with mobility difficulties.

You said...

"Some visitors to the Pop Up Garden use this area to smoke."

We did...

Security staff now regularly visit this area and enforce our no smoking policy.

You said...

"We need more appropriate Halal menu options."

We did...

A specific Halal menu has been introduced.

Our Community Advisory Committee

This Quality Account *First in Care* was developed in consultation with our Community Advisory Committee (pictured below).

The committee members help to ensure we partner with our patients, consumers and the community in our planning, service delivery and improvement. They are a strong voice for promoting partnership with the people we serve.

The Community Advisory Committee is chaired by a member of the Melbourne Health board and has 12 positions for community members. Members are usually patients, consumers, carers and community representatives who may be future uses of the health service.

Our sincere thanks to the Community Advisory Committee for ensuring the voices of our patients, their families and carers are considered in all that we do.

This Quality Account *First in Care* reports on our quality of care and our safety. It is available on our website at thermh.org.au and on the Safer Care Victoria website at bettersafercare.vic.gov.au.

Hardcopies of this report are available in hospital waiting areas and can be requested by calling the hospital on +61 03 9342 7000 or by emailing enquiries@mh.org.au

We welcome your feedback

We hope you enjoyed the 2017/18 Quality Account *First in Care* report. It is an opportunity or us to share how we are working to improve the outcomes of our patients and also the health of the Victorian community.

We would appreciate your feedback on this report and what you would like us to share with you in the future.

Email: consumerliaison@mh.org.au

Web: thermh.org.au

Post: Quality Improvement Team
Melbourne Health
The Royal Melbourne Hospital
Grattan St
Parkville Vic 3050

About our back cover photo:
The Mobile Stroke Unit is a specially equipped ambulance which was launched on 20 November 2017. It has an on board CT scanner to image and detect the type of stroke a patient is experiencing. This early diagnosis allows treatment to be provided immediately, rather than once the patient arrives at hospital, improving the chances of recovery.

The ambulance is crewed by a neurologist, stroke nurse, radiographer and two paramedics.

MELBOURNE HEALTH

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