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2018/19 Melbourne Health Quality Account

First in Care,
Research and
Learning

MELBOURNE HEALTH

First in Care, Research and Learning



Melbourne Health acknowledges the Kulin nations as the traditional owners of the land on which our health services are located.

We are committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

Melbourne Health Quality Account 2018/19
Design: Principals

About our cover photo:

Our interpreting service received more than 56,000 requests, 2018/19. Of those requests 110 different languages and dialects were identified as requiring interpreters. It's just one example of how diverse our staff, patients, consumers and visitors are. Pictured is Judy Wan (Mandarin & Cantonese interpreter), Seda Tatli (Turkish interpreter) and Ashkan Kazemian (interpreting booking clerk & Persian interpreter)

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Tell us what you think

We hope you enjoy reading this Quality Account 2018/19. It provides us an opportunity to showcase how we are working to 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.

Welcome

Professor Christine Kilpatrick AO



This report has been developed to provide you with an insight into our highlights throughout 2018/19, by telling the stories of our patients, staff and community partners.

We are pleased to present the Melbourne Health Quality Account for 2018/19.

The Quality Account has been developed to provide you with an insight into our highlights throughout 2018/19, by telling the stories of our patients, consumers, staff and community partners.

From small programs making a big difference, to profiling our amazing staff and their achievements, to international research projects having major impacts on clinical guidelines around the world. This is our chance to highlight our successes and provide you with information on what we have improved.

As Melbourne Health continues to grow and evolve as an organisation, one thing hasn't changed – our aim to be a great place to work and a great place to receive care.

This year we've implemented our clinical governance framework which is all about creating the best care for our patients and consumers. This is our new roadmap providing safe, timely, effective and person-centred health care (STEP).

Our goal is to always include these processes in every patient we treat across all our services, and most importantly, make sure patients, consumers, carers and families always have a voice in their care.

In striving to be First in Care, Research and Learning we must continue to grow and adapt. Part of this growth has been the stage one rollout of the Electronic Medical Record (EMR) in our Emergency Department, while we work towards stage two with our entire organisation to be part of the EMR by May 2020. The RMH is working with our precinct partners, Peter MacCallum Cancer Centre, Royal Women's Hospital and Royal Children's Hospital to create a world-class EMR system across the Parkville precinct (Parkville EMR).

The Parkville EMR will allow our clinicians to find the information they need to make the best decisions about health care, when and where they need it. This will ensure communication is at the forefront of patient care and the community will benefit from all of the resources in our world-class health care precinct.

The Melbourne Health Quality Account demonstrates the major role Melbourne Health plays in the health care of so many Victorians all year round.

A handwritten signature in black ink, appearing to read 'CKilpatrick'.

Professor Christine Kilpatrick AO
Chief Executive, Melbourne Health

The year in review

Emergency department presentations

79,799

Inpatients admissions across our services

105,493

Trauma patients treated

4,811

Outpatient appointments

207,500

Helicopter landings

576

Elective surgeries

24,770

Emergency surgeries

7,584

Kidney transplants

152

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

5,700

Mental health service contacts in the community

556,151

Our Community Advisory Committee

The Quality Account is developed in consultation with our Community Advisory Committee (CAC). CAC 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.

CAC 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, our patients clients and the community.



Meeting consumer needs

Melbourne Health has a long history of partnering with patients, consumers, carers and the community to ensure we continually provide high quality services which are responsive to the needs of the community we serve. Partnerships result in a more responsive and open health service and one that is better placed to achieve safe, timely, effective, person-centred care.

Partnerships occur across many levels including involving patients and consumers in their own care and in the planning and design of services. One of the ways we build partnerships is through membership on committees and working groups. Consumer and carer representatives are involved in 52 committees and working groups across RMH. This has helped staff to better meet consumer needs and foster relationships with consumers and carers who become integral in the decision making process.

Consumer and carer representatives are involved in 52 committees and working groups across RMH.

Melbourne Health excels in Victorian Public Healthcare Awards

Melbourne Health’s commitment to excellence in patient care and innovation was recognised at the 2018 Department of Health and Human Services’ Victorian Public Healthcare Awards.

Melbourne Health had seven finalists at the awards, winning three categories and receiving one highly commended award.

These were:

Minister for Mental Health’s Award for excellence in supporting the mental health and wellbeing of Victorians

Joint Winner: Melbourne Health
– Victoria Police Critical Incident Response Team (CIRT) Information Sharing Project Enhanced Critical Response Program

Chief Health Officer’s Award for improving healthcare through clinical research

Winner: Melbourne Health – EXTEND-IA TNK: globally transforming stroke treatment

Safer Care Victoria Compassionate Care Award

Winner: Melbourne Health – “In harmony with our patients”: 20 years of music therapy at The Royal Melbourne Hospital

Excellence in Community Engagement

Highly commended: Melbourne Health – Partnering with consumers in Allied Health: Values-based recruitment

We also had finalists in the following categories:

Safer Care Victoria Compassionate Care Award

Finalist: Melbourne Health – Responsive Acute Palliative Intervention and Decision Assistance

Safer Care Victoria Award for Excellence in Quality and Safety

Finalist: Melbourne Health – “Think sepsis. Act fast”: implementation of a hospital-wide clinical pathway for management of sepsis

Improving Workforce Wellbeing and Safety Award

Finalist: Melbourne Health – The Royal Melbourne Hospital Emergency Department team take proactive approach to violence and aggression



5SW staff, Alfrieda Cacciattolo, Tiffany Lu, Anne-Marie Tolsma and Berlida Sampsonidis.

Safe Timely Effective Person-centred care (STEP)

Our Clinical Governance Framework launched in 2019 with the goal of providing safe, timely, effective, person-centred care (STEP).

There are five domains in this framework (person-centred, leadership and culture, workforce, clinical practice and risk management) and we look through the lens of these domains to ensure that STEP is in place.

We have a number of initiatives that have been implemented and will continue to contribute to safe, timely and effective person-centred care.

Earlier this year a need emerged to update bereavement packages provided to family, carers, and Next of Kin should their loved one pass away.

The current resources were not meeting consumer needs, so Nurse Unit Manager for 5SW, Anne-Marie Tolsma worked with her team on updating materials based on consumer feedback.

Key steps taken were:

- Development of materials – utilising internal and external resources – multiple drafts
- Consumer feedback sought – with modifications made based on feedback
- For publication and use across Level 5 ward
- Future steps – spread across the organisation.

The Bereavement Pack includes a condolence card and an information pack which contains useful contacts to assist in coordinating funeral arrangements, other administrative elements post a loved ones passing and useful contacts to assist in managing grief.

“I lost my father earlier this year and I wish I had been given a booklet like this as it would have been so helpful,” – Consumer Feedback.

This is just one example of how Melbourne Health is implementing STEP in many ways around the organisation.

Another change implemented in June 2018, following feedback from consumers and staff was that some patients were fasting on multiple occasions due to surgery postponement. This was found to contribute to poor patient experience and risk of malnutrition and dehydration.

To enhance patient-centred care a program was initiated to improve the transparency of patient fasting status and improved communication between staff. This has led to huge improvements in patient experiences and led to ongoing staff education to reinforce processes amongst units this was also in line with work being undertaken to reduce hospital acquired malnutrition.



Our foyer redesign: creating a welcoming space for our visitors

This project was set up in response to consumer and carer feedback that the Royal Melbourne Hospital city campus foyer was not meeting the needs of our visitors, patients and staff. To address this, a foyer redesign working group comprising key staff, volunteers and consumers was established to create a patient-centered entrance to the city campus.

To ensure all stakeholder views were taken into consideration, surveys were undertaken to determine current issues and areas for improvement. The results confirmed the foyer was cluttered, chaotic, and stressful and therefore created a negative experience as people moved through the area. The results also found that people were unclear about who to approach for directions and information due to multiple desk locations and excessive signage which made wayfinding confusing and difficult.

The working group's primary aim was to create a more welcoming environment to meet the needs of consumers, carers, families, visitors, staff and volunteers. A functional brief was developed to inform the design.

Fast forward 12 months and there is a different response from consumers and carers when we ask them to describe the foyer. We now hear words such as calming, welcoming, inviting and friendly.

Some of the changes included co-location of the Volunteer Wayfinding Desk with the Information Desk so there is one clear point of contact, additional seating, improved signage and a less cluttered space in general.

Preparing for Accreditation

Accreditation is an evaluation process that involves assessment by qualified external peer reviewers to assess a health service's compliance with safety and quality standards. Awarding accreditation to a health service provides assurance to the community that the organisation meets expected patient safety and quality standards.

In 2019 Melbourne Health has been preparing for an organisation wide accreditation survey under the National Safety and Quality Health Service (NSQHS) Standards, 2nd Edition (2017) scheduled for September 2019.

The survey will involve eight clinical standards:

- Clinical governance
- Partnering with consumers
- Preventing and controlling healthcare-associated infection
- Medication safety
- Compressive care
- Communication for safety
- Blood management
- Recognising and responding to acute deterioration

Stroke researchers look to the skies for latest breakthrough

Australia could become home to the world's first stroke air ambulance. This incredible innovation has the potential to transform access to emergency stroke treatment for people in rural and regional areas.

A team of researchers have been awarded a \$1 million grant as part of the Australian Government's Medical Research Future Fund Frontiers initiative to develop, test and ultimately implement portable brain imaging tools in air and road ambulances.

This research program, led by Professors Geoffrey Donnan and Stephen Davis from the Royal Melbourne Hospital (RMH) and The University of Melbourne will target the crucial first hour after stroke onset, known as the 'golden hour' to give patients the best chance of survival.

The program will bring together experts from more than 30 of Australia's leading health and academic institutes and charities. The Australian Stroke Alliance will spend a year developing lightweight mobile brain imaging equipment and a telehealth stroke network to transform access to stroke specialists, who are largely based in our cities.

Professor Stephen Davis, Director of the Melbourne Brain Centre at the RMH said while strokes are highly treatable, time is the most critical element of stroke treatment.

"This service will be key to allowing patients faster access to treatments such as intravenous clot-busting therapy and will dramatically improve stroke outcomes for all Australians," Stephen said.

The program will bring together experts from more than 30 of Australia's leading health and academic institutes and charities. The Australian Stroke Alliance will spend a year developing lightweight mobile brain imaging equipment and a telehealth stroke network to transform access to stroke specialists.



Health musician Dave Evans, music therapy volunteers Dr Ben Sutut & Dr Hong Yang, Dr Emma O'Brien OAM, Nadia Millar & Volunteer Julia Gorton.

In harmony with our patients

20 years of Music Therapy at RMH

The Royal Melbourne Hospital's Music Therapy Service (MTS) was established in 1998 following a six-month University of Melbourne (UoM) post-graduate placement undertaken by Dr Emma O'Brien OAM.

Since its establishment, the MTS has grown in partnership with patients, philanthropy, external grants and advocacy within Allied Health (AH) and has won multiple awards.

From its single therapist beginnings, the MTS now has a team of six providing more than 2,000 occasions of service at the bedside annually.

MTS also host an annual Live Music Festival, now in its ninth year, with up to 800 school music students performing yearly.

The service has 32 live music volunteers (half of whom are medical students) who provide 18 hours of live environmental music weekly, lifting the spirits of patients, staff and visitors.

Dr Emma O'Brien, music therapy manager said the MTS reduces stress, discomfort, pain and re-humanises the hospital environment.

"We are passionate about providing our patients access to music and its therapeutic benefits, as well as providing support to our health professional colleagues by playing music in the hospital environment."

The Service won the Safer Care Victoria Compassionate Care Award in the 2018 Public Healthcare Awards and the 2018 Community Award from the City of Melbourne.

The Royal Melbourne Hospital Comprehensive Stroke Care Centre is an internationally renowned academic unit that caters for approximately 1,200 inpatients a year and runs a world-leading research program including acute therapy research and clinical trials.

The Comprehensive Stroke Care Centre is one of only two statewide centres providing endovascular clot retrieval for patients across Victoria and hosts the Melbourne Mobile Stroke Unit, Australia's first specialised stroke ambulance service with on-board CT scanner.

Professor Shitij Kapur, Sharon McGowan, Prof Stephen Davis, Minister Greg Hunt, Prof Geoffrey Donnan.



A new service providing HOPE for patients

The Hospital Outreach Post-Suicidal Engagement (HOPE) Initiative has saved lives and changed outcomes for patients through the NorthWestern Mental Health Service. HOPE is a state government program for suicide attempt survivors, part of the plan to halve the suicide rate by 2025.

David was referred to the HOPE program after disclosing he was having suicidal thoughts. This came after ongoing physical health problems which meant he could no longer work and started isolating himself from his friends.

His physical health conditions were severely impacting on his quality of life and left him losing hope and the will to live.

David required surgery for his illness and was placed on a waitlist for several months, this was when the HOPE program provided the most support, to help David during this time when his quality of life was lowest.

The team were able to provide psychological intervention, financial support services, ongoing psychosocial support with twice weekly contact at the clinic, home visits and phone contact.

Psychologist Alana and Callum, a support worker who provides assistance by linking the patient to community and private services worked with David through his 12-week program with HOPE, and said that by the end of the program David felt like he could return to work and do things that he enjoyed.

"We listened to David's story, gave him space to identify the driving factors in his suicidality, and collaborated with him to identify the areas we could best support him. We were flexible in our approach and conducted many of our appointments with him by simply going for walks in his local area," Alana said.

The program not only provided David with the support he needed, and he is now more aware of mental health issues amongst his friends which has allowed him to provide support to them.

Recovery-oriented practice at the forefront of Adult Mental Health Community Services

A major redesign of adult community programs within NorthWestern Mental Health has led to significant improvements in the recovery-orientation of our services over the past five years.

The redesign saw a shift in the community programs across our four Adult Area Mental Health Services to form integrated, recovery-oriented Community Teams.

The redesign also looked at predicted growth in demand and ongoing resource constraints to improve flow and continuity of care.

A project manager involved in the Adult Community Program Redesign, Lucy Smith said the process involved a major reorganisation of clinical teams, operating systems and model of care, involving approximately 2,700 consumers, their family/carers and 450 clinical staff.

"The aims of the change were to improve the outcomes and experience of care for consumers, family and carers, and to provide consistent recovery-oriented practice and evidence-based care to consumers," Lucy said.

The redesign also aimed to make best use of available financial and human resources, including the expertise, skill and experience of our staff and those of other clinical and non-clinical service providers, to meet the challenges of increasing service demand.

Five years after the change, 10 per cent of consumers and carers registered with our community teams completed a 25 minute phone survey to inform an evaluation of the impacts of the redesign.

In addition to significant improvements overall in the perceived recovery-orientation of our services, at the end of 2018, 80 per cent of consumers reported that they would recommend a friend or relative to be treated by our service if they needed mental health care.

Access given to adrenaline auto-injectors to give control back to patients

In order to empower our patients when it comes to their healthcare, Melbourne Health made sure patients could keep their EpiPens® with them while they are staying in hospital.

Patients who have had a serious or life-threatening reaction caused by an allergy to food or medications in the past are usually prescribed an adrenaline auto-injector (or EpiPen®).

Director of Pharmacy Paul Toner said this device contains an injection of adrenaline and is carried with them in case they need emergency anaphylaxis treatment. It is used while waiting for healthcare professionals to arrive and provide further care.

"Helping patients to have access to their own EpiPen® while in hospital gives them more control over their health care and makes them feel safe whether they are in hospital or at home," Paul said.



Patient Andrew Ma with Pharmacist Annabelle Hargreaves.



The HOPE team with Victorian Mental Health Minister Martin Foley MP

Five West Day Medical Centre “infusing life”

Since the Five West Day Medical Centre increased its capacity with an extra eight chairs it has continued to help chronically ill patients function at their best capacity.

The unit do this by infusing patients with the medication they need while providing a professional experience filled with fun, laughter, music and a caring touch.

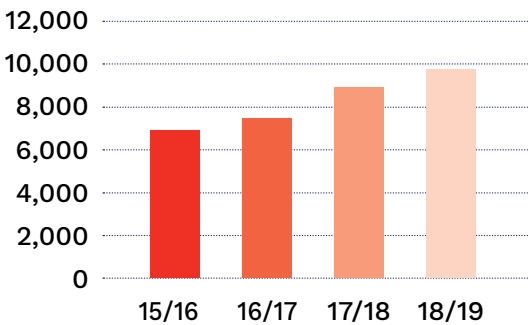
Five West Day Medical Centre Nurse Unit Manager Nicola Taylor said the top priority of the unit is person-centred care.

“Patients are always our focus, we want them to be included in the experience so we invite patients to attend our monthly unit meeting and dedicate the first 15-20 mins to discuss National Standards, Quality Improvement initiatives and Patient Experience,” Nicola said.

The unit hosts a number of days which encourage patients to tell their own stories to give staff a deeper understanding of what they’re living with. “Almost 90 per cent of our patients regularly come through our clinic to receive their infusions, we always try to make it as positive an experience as possible for patients and their families, in spite of the circumstances,” Nicola said.

“Patients are always our focus, we want them to be included in the experience...” Nicola said.

Attendance at the unit has continued to rise over the past four years.



“The program is now one of the largest in Victoria, caring for over 40 people with PID and still recruiting for those who wish to transition to this program,” Sylvia said.

Infusion Nurse, Sylvia Tsang and patient Janet Cornell.

Helping patients manage primary immune deficiencies with ease

More than 170 patients are treated with primary immune deficiencies (PID) annually at the RMH.

These people suffer from a failure of their immune system to protect against infections, and recurrent episodes of infections can be life-threatening to this population.

The immunoglobulin replacement therapy (IRT) provides purified antibodies to patients and has led to a decrease in serious infections and greatly improved health outcomes.

IRT is usually administered as a monthly intravenous immunoglobulin (IVIG) infusion in hospital.

In 2016, a program developed by the RMH, DHHS, Blood Matters and AusPIPS made it possible for patients to receive their subcutaneous immunoglobulin (SCIg) infusion at home.

Designated infusion nurse, Sylvia Tsang said the program has helped alleviate the burden of travel, taking time off work and study for patients needing to come into hospital for their monthly appointments.

“The program is now one of the largest in Victoria, caring for over 40 people with PID and still recruiting for those who wish to transition to this program,” Sylvia said.

Jackie Murphy is a patient with the program and also president of AusPIPS said the program has made a huge difference to her.

“I’m very happy with the support offered, I challenge other Australian hospitals to match the RMH program to give other patients flexibility in managing their PID,” Jackie said.



Five West Day Medical Centre team with their patients.

Let's do better together

As part of Melbourne Health's ongoing commitment to patient-centred care, a training program was created to train health professionals on transgender and gender diverse inclusive practice.

It is well known that Transgender and Gender Diverse (TGD) people experience high rates of discrimination when accessing mainstream healthcare.

In response to feedback received from TGD patients, and the staff involved in their care, the RMH through clinical nurse educator Simone Sheridan and social worker Andrew Wale-Corey, partnered with professional educator Starlady from the TGD advocacy group, the Zoe Belle Gender Collective (ZBGC), to address this need for staff education.

“We really wanted to reduce discrimination and improve the experiences of TGD people accessing our service. It was important that we co-designed this education, in partnership with a TGD community organisation,” said Simone.

The emphasis of the program was to create healthcare guidelines to assist staff.

“As we don't have national primary healthcare guidelines in providing respectful and sensitive care for TGD people in Australia, this creates many challenges for the TGD community and for staff within the healthcare system,” Starlady said.

A 30 minute 'snapshot' training program was developed to meet the needs of the clinical staff at the RMH. The short time frame means it can be delivered during in-service education time.

Currently it has been delivered to over 230 clinicians from Allied Health, Medical and Nursing.

Several themes have emerged from participants' feedback about the session – the importance of terminology and language, the correct use of pronouns (i.e. he/she/they), and TGD experiences specifically focussed in the RMH setting.

This education continues at RMH, with plans for a train-the-trainer model, to ensure this important education can reach as many staff as possible.



Legs4Africa is committed to improving the mobility and independence of amputees in sub-Saharan Africa through provision of rehabilitation services and access to prosthetic legs.

“This project has multiple benefits, it reduces non-recyclable plastics waste currently going to landfill while simultaneously supports a social initiative that provides limbs to amputees who would otherwise ‘go without’,” Marlena said.



Starlady, Andrew Wale-Corey, Simone Sheridan.

Legs4Africa: recycling prosthetic limbs for a good cause

Melbourne Health has a strong commitment towards environmentally sustainable practices.

One of the 'Think Green' strategic goals for Melbourne Health is to promote green thinking amongst staff and visitors.

In light of this initiative, the Allied Health Department has been working in collaboration with the social initiative Legs4Africa. Their aim is to safely recycle prosthetic legs, and other waste products from the fabrication process, that would typically go to landfill.

The RMH prosthetics and orthotics (P&O) team are one of the busiest providers of prosthetic rehabilitation and fabricate hundreds of artificial limbs every year.

The fabrication process inevitably results in large amounts of plastic and metal waste.

Furthermore, patients typically 'upgrade' their limbs every two years and may no longer use their previous prosthesis.

Melbourne Health Leader for Allied Health Research Translation, Dr Marlena Klaic said, “often these limbs end up in landfill with an enormous negative impact on the environment through greenhouse gases and contributing to fracking.”

Support group addressing the needs of patients with oral cancer

Every year around 100 patients undergo surgery for oral cancer at the Royal Melbourne Hospital.

Treatment can affect a person's speech, mastication, swallowing, appearance, self-esteem and can also impact family and carers.

In order to provide better support, in 2017 a multidisciplinary team was supported by the Victorian Cancer Survivorship Program to investigate the long-term experiences of people treated for oral cancer to better understand the areas of survivorship care that are most valued by patients.

In one of the major results of a survey completed by more than 150 people, participants ranked a support group in the top five areas for service improvement.

Unlike many other types of cancer such as breast or prostate, there is currently no formal support group for people living with oral cancer in Victoria.

The first oral cancer support group was held in November 2018 with five women attending. A further four meetings have been held since with up to 20 attendees each meeting.

Head and neck oncology liaison nurse, Kerrie Treseder said "while the group is in its infancy the women and group facilitators have created a truly supportive and safe environment. Members share inspiring individual stories and provide each other the emotional support that was previously unavailable."

Some of the benefits identified by members are captured below and it's hoped, following the group's success, it will expand to allow all Victorians who have undergone treatment for oral cancer to access their own support group.



Flu Vaccination Program at Melbourne Health 2019

Each year Melbourne Health runs a six week influenza vaccination program for staff and volunteers. Annual vaccination is the most effective protection against influenza. By protecting staff and volunteers from flu we reduce the risk of passing the virus to patients, colleagues, family and friends.

In 2019 we achieved a vaccination rate of 87 per cent, a 4 per cent increase on 2018 and our highest rate to date.

Preventing infection in our hospital

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 2018/19, Melbourne Health remained at this rate at 1.0/10,000 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.

The second target the Victorian Government has set is zero central line associated blood stream infections (CLABSI). In 2018/19, Melbourne Health had a rate of 0.7/1000 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 2018/19, 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 also provide training that is in line with best practice to all new doctors in order to strive for zero cases.

“

Patient feedback

It's great to be able to reassure others that eating and talking gets better and easier

Great to meet new friends who know what I am talking about!
Good informal support for all

Very informative

So comforting to speak to others who have had similar treatment

I'm not alone

Safe, intuitive environment

”

Telehealth connecting renal patients from the country to the city

A renal telehealth clinic was originally set up to support patients living in Mildura and other regional areas, particularly to allow them to get home sooner after kidney transplantation.

In its infancy in 2016, the clinic was run through Skype, an online video platform and relied on a health professional being present at the patients end. A new and improved Health Direct platform replaced Skype in 2018 and allowed direct patient access. It is now used by many renal patients, not only in regional or rural areas, but also by patients who are travelling, working or less mobile.

While telehealth does not replace all face-to-face consultations, it can reduce the frequency of hospital attendances.

Nephrologist Dr Katherine Barraclough said “This model also allows for patients to be educated by nurses, have their medications reviewed by the pharmacist, and medical staff to consent for transplantation.”

In the first eight months of 2019 we have had over 200 Telehealth consultations with 76 patients.

Some of the savings that we have seen since the initiation of the renal transplant telehealth service are:

Travel distance (39 trips around world)

1,560,665 km

Car travel time (813 days)

19,508 hours

\$237,227 petrol costs

165,430 L petrol

22,779 seedling trees grown for 10 years

391.8 tCO2 eq

Successful temperature monitoring study

In a bid to better detect the temperature of patients in hospital, the renal team at the RMH undertook a proof of concept study – where they placed a wearable device (WD), essentially a wrist watch, on a number of inpatients.

The WD measured wrist peripheral skin temperature along with other physiological variables and provided valuable information. Prof Steve Holt, Director of Nephrology said the study concluded that wearing the device may help in the early identification of patients requiring treatment for infection.

“The study showed the possibility that this device may be useful as an early warning monitor for patients or as a monitoring device in hospital,” Steve said. We hope this will lead to better, more convenient continuous monitoring of patients in a new digital health service.



Regional Nurse Practitioner Elaine Sanders with patient Maloney Kenneth.

Improving the communication with dialysis patients

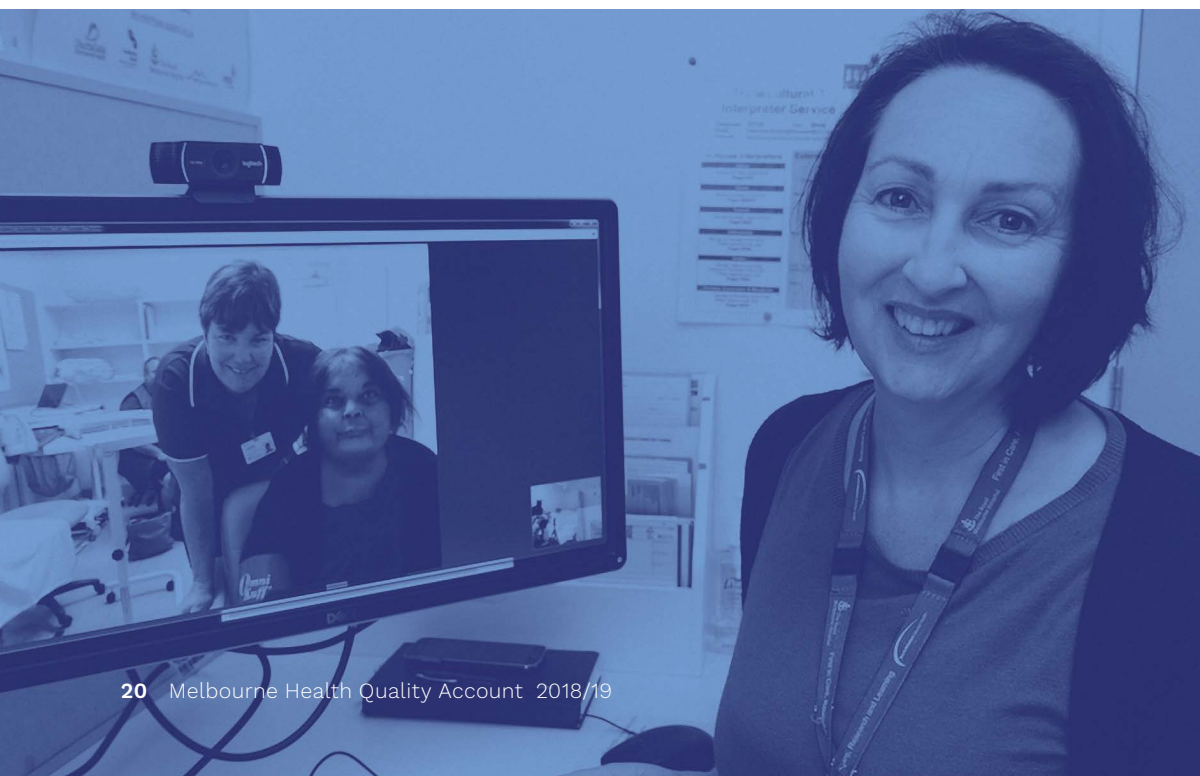
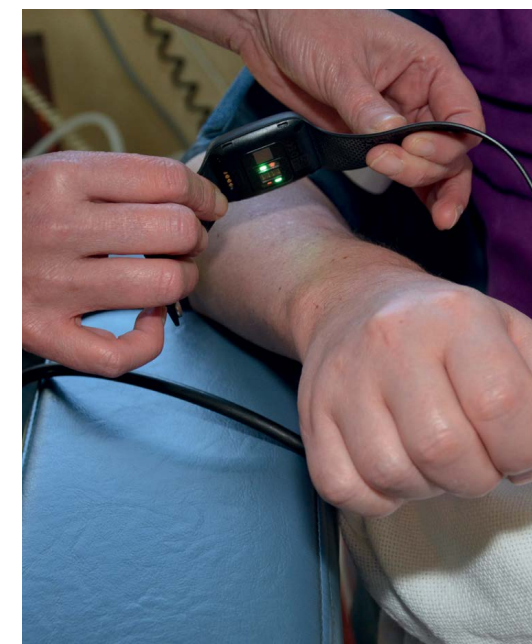
At first sight, consent for a dialysis procedure doesn’t sound like something that requires a formal patient consent form, after all, patients usually turn up expecting this procedure or may even do it themselves, so consent is to some degree implied.

However in 2017, the renal service set out to ensure all patients on dialysis would have better, more consistent and comprehensive conversations around their therapy. We planned to use the consent opportunity to explore issues like advance care planning, options around various treatments and how we use patient information.

Prof Steve Holt said “We designed and implemented a consent teaching program for senior nurses to equip them with the skills to ensure they understood the requirements for, and practical issues of taking a legal consent specifically for dialysis.”

Maria Safe, Manager of Renal Services said “we are the first renal service to implement nurse-led dialysis re-consent in Australia and we have seen a highly significant improvement in consent compliance and in our understanding of patients’ wishes.”

“This project has been a runaway success, improving the quality of information provided to our patients and collecting much more information on their needs and requirements. As a bonus our documentation is now compliant with national standards.” Maria said.



Nurse practitioner Narissa Andrew, Patient Vicki Cosson, Mildura Base Hospital nurse Julie Galbraith.

Our interpreter services, speaking everyones language

The RMH Interpreter service received over 56,000 requests for interpreter services from July 2018 to the end of June 2019 for our RMH City and RP Campuses. A total of 110 different languages and dialects were identified as requiring interpreters. Some of the requested languages and dialects are new to our service and within Australia, and it can be difficult to get a qualified interpreter to assist our patients with their health requirements. Interpreter services are shared across Victoria in different areas such as health, schools and courts and it can be hard to always supply an interpreter.

In 2017, the RMH Interpreter Service and the RMH Telehealth unit were the successful applicants of a 'Language Service Innovation Grant' through the Department of Health and Human Services (DHHS). This has allowed us to use video interpreting across the organisation. This was used when a face-to-face interpreter was not available. From previous video interpreting pilots both the clinicians and patients said that video interpreting was better than telephone. This pilot was an opportunity to confirm if this worked for our patients.

The use of video interpreting removes the interpreters travel time resulting in the interpreters being able to take on more assignments.

Interpreting coordinator, Christiana Leontiou, said the program can be used to access interpreters in regional and interstate areas. "Improving technology is demonstrating that the quality of video interpreting is just as good as a face-to-face interpreter," Christiana said.

Over the last year there have been a total of 217 video interpreters in 44 languages requested, focusing on outpatient departments at both campuses. We successfully delivered 81 of these appointments who otherwise would have missed out on the interpreter. We have also been able to use video interpreters for emergency situations across the organisation when a face-to-face interpreter was not available.

In 2019, the RMH Interpreter Service and Telehealth teams were again successful in obtaining another 'Language Service Innovation Grant' through DHHS to continue to expand on this service.



A great place to work and a great place to receive care

Every year Melbourne Health undertakes the People Matter survey which helps inform important local and organisational improvements.

The survey is used as a way to inform us about the best ways we can improve around the organisation. Particularly how to improve our safety culture and speak up program. Various changes have been made because of this feedback, including creating a diversity and inclusion commitment statement, employee mental health and wellbeing strategy 2018-2021; and investing in the development and capability of our leaders.

In 2019, 43 per cent participated in the survey (up from 41 per cent in 2018).

As we continue to strive to be the best organisation for our employees, we are focusing on some key areas which includes implementing the following strategies:

- Wellbeing Strategy
- Manual Handling Strategy and Injury Management Strategy

The actions from these strategies address the psychological and physical health of our people – both proactively and reactively – through the implementation of initiatives such as our Peer Support Program, Employee Assistance Program, 15 Minute Exercise Challenge and a wide range of other health and wellbeing initiatives to protect our people from harm and to promote positive wellbeing.

We value each and every one of our employees and understand that, to achieve wellbeing, everyone and everything in an organisation has to contribute.

Melbourne Health is committed to being 'a great place to work and a great place to receive care'.



‘Think sepsis. Act fast.’

The Royal Melbourne Hospital-led ‘Think sepsis. Act fast.’ has been responsible for saving the lives of 52 Victorians and reduced total hospital length of stay by 3,781 bed days.

Director NHMRC National Centre for Antimicrobial Stewardship and Clinical Lead of Sepsis Pathway at RMH, Professor Karin Thursky, said the pathway created the structures and processes to tackle sepsis.

“The journey to establish a whole of hospital clinical pathway has really highlighted just how important it is to ensure that consumers, patients, nurses and other medical staff are all aware what sepsis means,” Karin said.

“This pathway has demonstrated the benefit of empowering front line staff to initiate the pathway, particularly our nurses and junior staff.”

The sepsis pathway was implemented in 2017 at the RMH, and the project group behind this were recognised by the Australian Council on Health Care Standards (ACHS) as the winner of the Clinical Excellence and Patient Safety Award in 2018.

Sepsis is a life-threatening organ dysfunction in response to an infection. It occurs when the immune system releases too many chemicals into the blood to fight an infection.

While a little-known condition among the public, sepsis kills 5,000 Australians every year, with a burden of death greater than the annual national road toll.

By implementing the ‘Think sepsis. Act fast.’ program supported by the Better Care Victoria innovation fund, our service – along with other participating sites – in just four months:

- Saved 52 lives
- Avoided 96 intensive care unit admissions
- Reduced total hospital length of stay by more than 3,780 bed days
- Saved \$11.7 million based on reduced length of stay and reduction in cost
- Demonstrated a six-fold return on investment.
- The sepsis program has now been rolled out across the state.

New treatment combination brings breast cancer hope

Combining two cancer drugs has seen a potential breakthrough for women with metastatic breast cancer.

In a world first, breast cancer researchers at The Royal Melbourne Hospital and Peter MacCallum Cancer Centre successfully combined a drug that has shown promise in the treatment of chronic leukaemia with therapy used to treat breast cancer.

The Royal Melbourne Hospital’s and Peter MacCallum Cancer Centre’s medical oncologist, Professor Geoff Lindeman, principal investigator of the study, said the combination of the two drugs has given researchers and patients a boost in tackling metastatic breast cancer.

Professor Lindeman is also a researcher at the Walter and Eliza Hall Institute.

“The primary aim of the study was to determine the safety and tolerability of Venetoclax in combination with Tamoxifen,” Geoff said.

“We tested this combination on the basis of our laboratory findings at the Walter and Eliza Hall Institute. Venetoclax is a drug that switches off BCL-2, a protein that helps keep cancer cells alive. Our findings suggest that adding Venetoclax to conventional hormone therapy might boost responses.

I’m hopeful this research will help other women in future.

Patient Julie with Medical Oncologist and Study Researcher, Dr Sheau Wen Lok.



Patient Julie was diagnosed with stage 4 breast cancer just before her 60th birthday. She enrolled in the study and was given the combined dose of Venetoclax and Tamoxifen.

The 10cm tumour in Julie’s breast shrank rapidly in response to the treatment.

“My tumour is undetectable at the moment – the doctors said they couldn’t find it,” Julie said.

“I’m hopeful this research will help other women in future.”



Delivering safe treatment and support

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

The implementation of Safewards has resulted in improvements across each of these areas. Safewards is a health care model developed in the UK that has been devised to reduce restrictive interventions, improve therapeutic rapport and enhance recovery focused care based on evidence based practice. At the direction of the Office of the Chief Mental Health Nurse, four NorthWestern Mental Health (NWMH) Safewards hubs have been established across the main NWMH sites.

The Safewards model focuses on identifying the flashpoints between conflict and containment. Conflict consists of aggressive behavior, self-harm, suicide attempts, absconding consumers, polysubstance abuse and refusal of medication. There is also now an increased ability for staff to gain insight into the social and psychological identifiers that signal and precede imminent conflict.

Our rate of physical restraint during 2018/19 was 7 episodes per 1,000 bed days and mechanical restraint was rarely used at a rate of 0.6 episodes per 1,000 bed days.

Key performance indicator	Target	2017/18	2018/19
Rate of seclusion events relating to a mental health acute admission – all age groups	≤ 15/1,000 bed days	10	9
Rate of mechanical restraint events relating to a mental health acute admission – all age groups	nil	1.6	0.6
Rate of physical restraint events relating to a mental health acute admission – all age groups	nil	8.9	7.7

Providing access to our visitors

Melbourne Health is committed to reducing and removing barriers experienced by people with a disability. The development of a Disability Action Plan 2019-22 demonstrates this commitment and will ensure that there is no discrimination against people with a disability, both within our services and workplace.

Improving physical access at our Royal Park Campus site has been a particular focus over the past 12 months.

The following key improvements have been based on patient and consumer feedback:

- Create new access pathways, including painted lines marked (with wheelchair symbols) showing disabled access paths from both street entries to reception at our Royal Park Campus
- New concrete footpaths, to avoid wheelchairs on roadways
- Changes to disabled car parks to comply with Australian Standards AS 2890.6
- New bike racks for patients & visitors
- Handrails to walkways, including front of rehab ward ramp from Poplar Road

Learning from patient experience:

Ian catches public transport to his outpatient appointment at Royal Park Campus, “I would like to raise an issue about access for my scooter through Royal Park grounds. I have experienced difficulties getting from the train station to the main reception by the footpath and pathways are not clearly defined.”

In order to help disabled access, Melbourne Health has installed new blue line pathways (with wheelchair symbols) providing access to our Royal Park campus from both main street entries, Park Street & Poplar Road. A disability audit is being carried out at our city campus to work on improvements to disability access.

Residential Aged Care Services at Melbourne Health

Melbourne Health Residential Aged Care Services are:

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

Our four 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.

You said	2017/18	2018/19	State Average 2018/19	Target
Pressure injuries stage 1	0.28	0.07	0.32	0
Pressure injuries stage 2	0.45	0.26	0.35	0
Pressure injuries stage 3	0.02	0.05	0.04	0
Pressure injuries stage 4	0	0	0.01	0
Falls	4.82	4.36	7.67	3.3
Falls related fractures	0.13	0.12	0.15	0
Intent to restrain	0.09	0.67	0.27	0
Physical restraint devices	2.98	1.14	0.43	0
Nine or more medicines	5.22	5.74	4.37	2.1
Significant weight loss (>3kg)	0.91	0.67	0.80	0.2
Unplanned weight loss (consecutive)	1.22	1.53	0.81	0

Note: average of the four RACF figures shown

Our Residential Aged Care Facilities (RACF) have focused on the review of antipsychotic medication to ensure that prescribing is within best practice guidelines. The review was done by a psychiatrist, GP and pharmacist.

We have also concentrated on reviewing and managing falls risk, best practice dementia care and medication safety, and staff forums are held in each facility monthly. We also review incidents and any improvements to be made.

Social interaction and food are both recognised as a very important part of residential living. Changes have been made to improve social activities and to improve food intake. This has included a new breakfast and snack menu at Merv Irvine.

At McLellan house there is a thriving vegetable plot where residents have planted their vegetables of choice and then cooked various meals with ‘harvest soup’ being their favourite.

Cyril Jewell House and Boyne Russell both have baking sessions every week and once a month have a full cooked meal, afternoon tea or BBQ which is cooked on site. The residents all love the aroma of home cooking and baking which helps to increase appetite and promote choice, socialisation and pleasure in food. Outings for coffee and cake are offered at all facilities.

Responding to patient feedback

All feedback is reviewed by relevant managers. Staff are asked to reflect on the feedback received, and use this to guide local improvements. Responses to feedback can occur in a number of ways, including via phone, letter, email, in-person or online. Patient stories are developed with consumers to support staff reflection/training and enhance the patient and consumer experience.

VHES data – Victorian Health Experience Survey

Overall, how would you rate the care while you were in hospital?

94.1%

Listening to our patients

Melbourne Health received 2,979 items of feedback in 2018/19, an 11 per cent increase on the year before. We received 1,342 compliments (15 per cent increase from 17/18) – themes around compassion and kindness. We received 1,572 complaints (4 per cent increase from 17/18) – themes around communication and coordination of care.



Were you involved as much as you wanted to be in decisions about your care and treatment?

71.6%

You said	We did
“Too much noise in the trolley bay. Too many people walking through – lack of privacy”	Foot traffic was diverted from this area to reduce noise and improve privacy. A ‘Yacker Tracker’ is now used to alert staff when noise levels are increasing
“I’d like to have hot drinks available in the Clinical Centre at Royal Park Campus”	We installed a hot drinks vending machine
“It’s so difficult to get time off work to attend my appointments. It takes 6 hours of travel time to attend a 10 minute appointment as we live in the country”	Telehealth allows patients to attend their appointments by video, saving them time and alleviating any worries with city traffic/parking
“Access to the toilet facilities in the Clinical Centre at Royal Park Campus is difficult as I am wheelchair bound and the door is heavy”	Installation of an automatic door allows for improved access for all consumer with mobility difficulties
“Some visitors to the Pop Up Garden use this area to smoke”	Security now regularly visit this area and enforce our no smoking policy

Keeping our patients safe

At Melbourne Health, we are continuously committed to reviewing and improving patient safety. When things go unplanned, an incident report is submitted using the Melbourne Health Victorian Health Incident Management System (VHIMS). Over the last year, our system upgrade has enabled improved staff usability and accessibility.

In 2018/19, we received 284 more “near miss” incident reports than the previous year, highlighting Melbourne Health’s positive incident reporting culture (see Figure 1). We use our “near miss” incidents as a learning opportunity, and commend our staff preventing harm, through our Good Catch Awards.

Melbourne Health’s incident management review process also ensures that all serious incidents are monitored and managed at all levels of the organisation. The number of serious incidents have reduced from the previous reporting year (2017/18) (Figure 2), and out of these, a total of five Sentinel Events were reported to Safer Care Victoria, Department of Health and Human Services.

The main themes that we have identified from our serious incidents are related to mental health deterioration, transitions of care, and medication safety. We also ensure that our improvements are implemented in a timely manner, and sustained to ensure that our patients are cared for in a safe environment.

Some examples of improvements include: physical changes in patient surroundings to keep patients at risk of self-harm safe, change in technology and controls to prompt clinicians in identifying abnormal results, and changes to the medication chart to reduce variation in high risk medication prescribing.

We remain committed in continuing to partner with our consumers throughout our serious incident review process, and have achieved 100 per cent consumer representation in all Root Cause Analysis reviews over the past year.

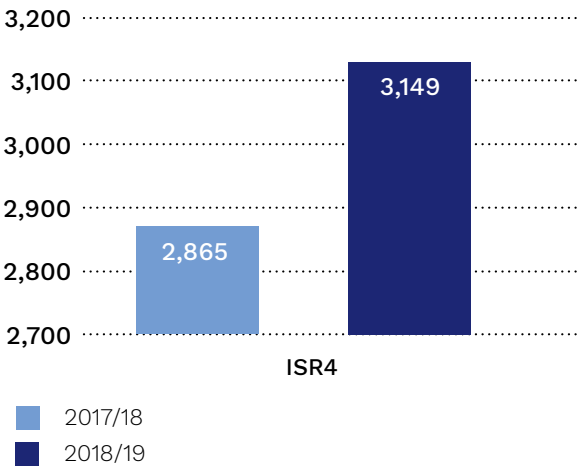


Figure 1: Near Miss incidents (no harm) 2017/18 versus 2018/19

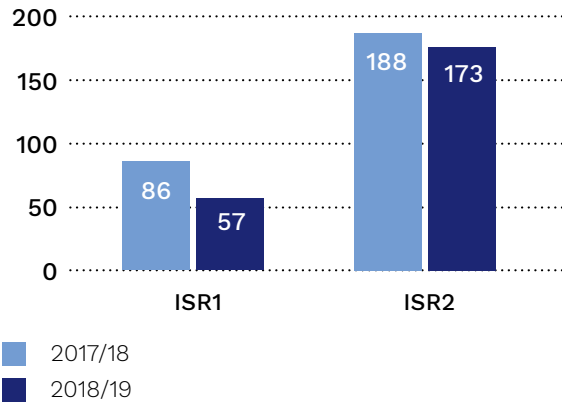


Figure 2: Serious Incidents (Incident Severity Rating of 1 and 2) 2017/18 versus 2018/19

Health Literacy Framework

We encourage patients, consumers, carers and families to engage with us as much as they wish to in their care. In early 2019, we co-designed our Health Literacy Framework with consumers, with the intent of achieving better health through shared understanding. We believe it is everyone’s responsibility to achieve organisational health literacy.

- RMH welcomes all feedback, and receives this in a number of ways, including:**
- Email/online
 - Hardcopy “Tell us What you Think” feedback forms
 - Direct telephone contact with Consumer Liaison Service
 - Social media channels (over 950 service reviews on Facebook in 18/19)
 - Patient Experience Survey Program
 - The Victorian Healthcare Experience Survey

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MELBOURNE HEALTH