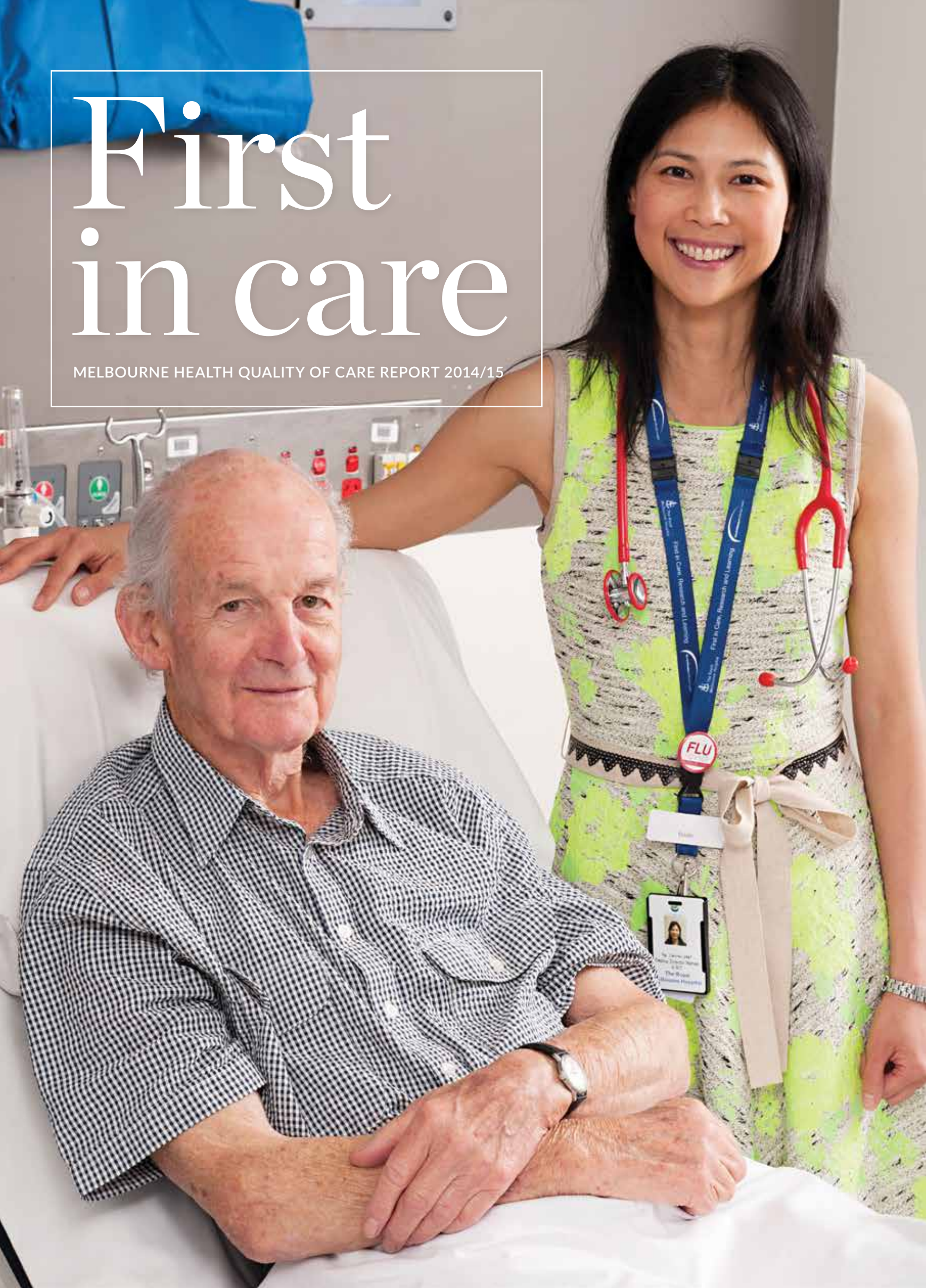


First in care

MELBOURNE HEALTH QUALITY OF CARE REPORT 2014/15



First in Care, Research and Learning.

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

.....

Cover image: Associate Professor Louisa Ng, Rehabilitation Medicine Consultant at The Royal Melbourne Hospital with Stewart Dagleish.

In 2014, Associate Professor Ng won Melbourne Health's annual You Made a Difference – Individual Award. Associate Professor Ng had a patient under her care on the rehabilitation ward following a ruptured aneurysm in 2013. When she heard that the patient's children were having a hard time coping with their father's sudden illness, Associate Professor Ng took it upon herself to meet with the children and came prepared with toys, books and stickers, and encouraged them to feel part of their dad's recovery.

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Melbourne Health Quality of Care Report 2014/15
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WELCOME

On behalf of everyone at Melbourne Health, we are proud to present our 2014/15 Quality of Care report.

Based on feedback, this year we wanted to create a report that was a little different from previous years. We hope you find our new magazine style report welcoming, easy to read and most importantly, interesting.

Every page tells a story – whether it is a snapshot of Melbourne Health services and who we care for, profiling our amazing staff who make such a difference to the lives of thousands, or highlighting how our medical research is changing lives for the better. This report is all about you, our patients and consumers, and how we work together to improve patient safety, care and experience.

Our recent consultation program to develop our 2015–2020 Melbourne Health Strategic Plan was a great example of how our community has helped shape the future direction of the organisation. During the consultation and development of the plan, we worked with our community, patients, consumers, carers and staff on our new vision and values.

It was because of this relationship that we have been able to start the 2015–16 year with our new vision and values. If you are coming into the hospital in the near future you will see our new vision and values displayed prominently around the various Melbourne Health sites and services. Our vision is to be *First in Care, Research and Learning*. This reflects our achievements, our significant role in history as Victoria's first public hospital and how our medical research is influencing care worldwide.

We are proud of what we have achieved during the 2014/15 year. We believe that it is the stories of care, research and learning that show how an organisation like Melbourne Health affects the lives of more than one million Victorians.

We hope you enjoy the 2014/15 Quality of Care report and we look forward to receiving your feedback on this document and any of the services we provide.



Dr Gareth Goodier
Chief Executive
Melbourne Health



Mr Michael Gorton AM
Board Director and Chair of
Melbourne Health Clinical Governance
and Improvement Committee

TELL US WHAT YOU THINK

Our 2014/15 Quality of Care report is our commitment to you – our patients, consumers, carers and community members – to keep you up-to-date with how we are doing at Melbourne Health. We have specifically covered the quality and safety of our services, and what Melbourne Health is doing to continuously improve the standard of care we provide. We have also highlighted some outstanding medical research that will make a difference to your care. We would love to hear what you think of the report and of your experiences at Melbourne Health, so please email us at consumerliaison@mh.org.au or give us a call on 03 9342 7806.

Snapshot



More than

8,000

staff employed
across 32 sites.

Around 6,200 with RMH.

Around 1,800 with
NorthWestern Mental Health.



1,100

beds across hospital and
community settings.



630,000

meals served each year at
RMH City Campus.



90

languages and dialects
spoken by our patients
and consumers.

Established in 1848,
The Royal Melbourne
Hospital is Victoria's first
public hospital.



One tonne of materials
recycled each day from
the RMH City Campus.

TOP 10 LANGUAGES OTHER THAN ENGLISH

1. Greek
2. Italian
3. Arabic
4. Vietnamese
5. Turkish
6. Chinese – Mandarin
7. Chinese – Cantonese
8. Spanish
9. Somali
10. Macedonian



Around 25 helicopters
land each month at the
RMH City Campus.

RMH is the only
accredited Level 1
Trauma Centre in
Victoria – benchmarked
against major trauma
centres around the world.



86,926

people discharged from the
RMH in 2014/15.

173,516

outpatient appointments
in 2014/15.

66,155

people came to the RMH
emergency department in 2014/15.

13,663

planned surgeries performed
in 2014/15.

1.2m

people are in the catchment
area of NorthWestern Mental
Health – the largest mental
health service in Victoria.

The RMH stroke team
has achieved the fastest
emergency stroke treatment
in Australia – door to needle
time of 20 minutes.

News IN FOCUS

The 2014/15 year has been a busy and rewarding one. Here are some of the key highlights we would like to share with you.



Above: Professor Stephen Davis leads the Ice Bucket Challenge for RMH.

RMH takes up the Ice Bucket Challenge

Eighteen neurologists, neuroscientists, neuro researchers and their colleagues took part in the worldwide phenomenon of the Ice Bucket Challenge on the steps of the Royal Melbourne Hospital on Tuesday 2 September 2014.

Ice and water were decanted into buckets by members of the Melbourne Health Facilities Management team, towels were at the ready and shoes were cast aside as a cool breeze swept across the front entrance steps. All in the name of Motor Neurone Disease.

Motor Neurone Disease is the name given to a group of diseases in which the nerve cells (neurons) controlling the muscles that enable us to move, speak, breathe and swallow undergo degeneration and die.

Professor Stephen Davis, Director of Neurology at RMH and Head of the Melbourne Brain Centre issued a challenge to other hospitals around Australia to do the same.

"I'm joined here by my colleagues from the Melbourne Brain Centre and other close colleagues from the Royal Melbourne Hospital and we are here for the Ice Bucket Challenge to raise awareness and raise funds for one of the biggest brain challenges in the world that is Motor Neurone Disease or ALS," Professor Davis said.

"We nominate neurologists from Melbourne and all cities in Australia and around the world to join us in the next 24 hours to take the Ice Bucket Challenge to fight Motor Neurone Disease."

Health Survival Kit for families

The onset of mental illness for any young person is a great cause of distress and a time of uncertainty for their family. Many families feel unprepared and may lack knowledge and support which enables the best outcomes for their young person.

A particularly challenging time for families occurs when their loved one is admitted to an inpatient unit for the first time.

At Orygen Youth Health, Family Peer Support Workers provide personalised support to family members at this crucial time. They are trained family members who have a lived experience of mental health issues and can truly understand the concerns of family members.

Their key roles are to support and validate family concerns through listening and encouraging them to speak up. They also provide information, basic psycho-education and coping strategies which enable families to take care of themselves.

After some time working in the Orygen Youth Health Inpatient Unit it became obvious that a 'Survival Kit' of information specifically about the inpatient unit could be vital in reducing uncertainty and allaying the concerns of many families. After consulting with families and staff a new Survival Kit brochure was developed. Evaluation and refinement of the information will ensure that the resource hits the spot in assisting families to look after their young person and themselves.

RMH takes top honours



Above: Giles Kelsey, Chris Taylor, Frances Hummer, Kaylene Bastin and Michael Haeusler with the award.

The Royal Melbourne Hospital took out top honours at the 2015 National Blood Symposium: Showcasing Excellence – Standard 7, Blood and Blood Products, which was held in Brisbane in June.

The RMH won the award for the inventory management program 'Reducing Blood Wastage', which saw a significant reduction in the amount of red cell wastage at the hospital.

The improvement program was a collaboration between staff from the Transfusion Laboratory, Theatre and Transformation and Quality.

In 2012, a theatre instigated trial using temperature tags indicated poor storage compliance. This subsequently resulted in 7% of red cells being discarded in the process.

In an effort to reduce the wastage, the transfusion team introduced the one unit policy and the use of a collection slip throughout the hospital.

Then, in early 2014, an electronic system, Blood 360, was trialled to track blood in and out of the Transfusion Laboratory and monitoring of the theatre blood fridge with enormous success. From June to December 2014, the wastage rate of red cells averaged at 3% and to date in 2015 the average wastage rate is 2%.



Above: Former Prime Minister, Tony Abbott, speaks to Thomas Tran, Senior Scientist at VIDRL about the technology available in the new laboratories.

Doherty Institute officially opened

Australia's capacity to play a lead role in the global response to known and emerging infectious diseases was boosted enormously with the launch of the Doherty Institute in September 2014.

Officially opened by the then Prime Minister Tony Abbott, the Doherty Institute for Infection and Immunity, named after Nobel Laureate Professor Peter Doherty, is a \$210 million partnership between the University of Melbourne and The Royal Melbourne Hospital.

Inaugural Director of the Doherty, Professor Sharon Lewin, said staff at the institute will focus on an integrated response to reduce the impact of infectious diseases on health – at both the individual and community level.

"The partners who make up the Doherty Institute include laboratories that conduct some of the best fundamental infection and immunity science in the world, public health laboratories that are centres of excellence and reference laboratories for our state, country and region. We have experts in public health and epidemiology and clinicians who are highly skilled in treating patients with infectious diseases," Professor Lewin said.

The Doherty Institute will place great emphasis on translational research and improving clinical outcomes. Teams of interdisciplinary scientists, clinicians and epidemiologists will collaborate on a wide spectrum of activities – from basic immunology and discovery research, to the development of new vaccines and new preventative and treatment methods, to surveillance and investigation of disease outbreaks.

Melbourne Health Chief Executive, Dr Gareth Goodier, said the Doherty Institute was another strength in the acclaimed Parkville precinct.

"Victoria is fortunate to have one of the world's top facilities in the fight against human infectious diseases. The Doherty Institute will truly provide the state of the art capabilities to dramatically accelerate the flow of scientific advances in infectious diseases not just from bench to bedside, but to our local, national and regional communities, and back again," he said.



ORGAN DONATION

A second chance at life

Max describes himself as a cheery fella, and accepted his diagnosis of kidney failure with a better make the best of it attitude. But, if he had known that around 56 people die every day from a kidney related disease, he may have felt differently.

For Max, the first symptoms appeared in 2000 when he had some 'trouble with his water works', but overall felt well. However, in 2008 Max got up to go to work and felt crook. It was 'like a really bad flu' but he got sicker and sicker until one day he was sent via ambulance to Ballarat Hospital where a nephrologist gave him the news that changed his life. He had End Stage Renal Failure (ESRF).

ESRF meant Max had many restrictions placed upon his independent lifestyle, including three sessions of haemodialysis per week, each lasting four hours. On top of this, he was only allowed to have 500mls of fluid per day, which Max says "500mls isn't much when you have to take tablets, eat and drink."

To fight back, Max undertook drastic changes to his diet and lifestyle and allowed nothing to effect his optimistic outlook. Max's family and friends were essential to his time on haemodialysis providing him with encouragement and support.

Then, after three years on dialysis, Max received a very important phone call.

"Get to the Royal Melbourne Hospital (RMH) as soon as possible, but drive safely, we don't want you to have an accident," Max was told by his nephrologist.

After three years, Max had finally received the phone call that he believed would come. He had been tissue matched to an organ donor for kidney transplant. Max arrived at the RMH at 4am and by lunchtime, on the same day, his operation was finished and he was back on the ward. He cannot speak highly enough of the care he received from nursing and medical staff during his admission. The transplant and recovery process was explained to him in language that he understood.

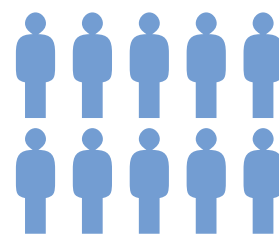
Three years later and Max still wakes up every morning and gives thanks to the kidney donor and their family. They have given him a second chance at life and the emotion is still raw when trying to put his feelings into words.

Max realises that a 'Thank You', seems small in comparison to the heartache and grief that the donor's family have experienced. So, he endeavours to be as healthy as he can and take care of the gift he has received. He goes to the gym, rides his bike and has just completed a 48km walk for the Autism Foundation.

Above: The RMH Organ Donation team (From left) Dr Martin Dutch, Victoria Dale, Dr Tom Rechnitzer, Vicki Rippon and Annabelle Maclure.

1,142

people were waiting for a kidney transplant in Australia, as of April 2015.



One organ and tissue donor can transform the lives of 10 or more people.

donatelife.gov.au



In 2014, 378 organ donors gave 1,117 Australians a new chance at life.

NATIONAL REFORM AGENDA

Having the chat that saves lives

Organ and tissue donation rates in Australia have been historically low. Increasing the rate of organ and tissue donation would significantly improve access to life-saving and life-transforming transplants for Australians in need.

Increasing Australia's donation and transplantation outcomes requires a whole community response. If we as individuals and as a community expect to receive an organ or tissue transplant should the need arise, then as a community we should be prepared to donate.

Royal Melbourne Hospital

RMH partnered with DonateLife Victoria to employ three Donation Specialist Nursing Coordinators (DSNC's) and three Medical Donation Specialists. As part of world's best practice approach to increasing organ and tissue donation for transplantation, these specialists are based at the hospital to improve donor identification and to support families and staff through the donation process. In particular the DSNC's role is to provide information to families of potential donors so they are able to make an informed decision about donation that is right for both them and their loved one.

The RMH DSNC's feel that discussing this opportunity with families, whose loved ones' die in the circumstances where organ and tissue donation may be possible, is a privilege and is seen as a part of normal end of life care discussions.

Organ and tissue donors save and transform lives

Organ donation saves the lives of people who are very ill or dying from organ failure. This can be due to illness, accidents or genetic defects.

Tissue donation can be both life-saving and life-changing. Skin donation can help save the lives of critical burns patients, eye donation can restore sight, bone and tendon donation can assist with mobility and heart valves can provide improved surgical outcomes for cardiac patients.

The most important thing that helps a family's decision is their knowing the wishes of their loved one – those who have discussed and know their loved ones wishes are much more likely to say 'yes'.

DID YOU KNOW?

Organ donation is a **rare opportunity – only around 1% of deaths** in hospital are in the specific clinical circumstances where donation is possible; becoming a tissue donor is less limited.

Donation can include

heart, lungs, kidney, liver, pancreas and pancreas islets, tissue including skin, bone, heart valves, eye and cornea, cartilage, tendons and veins.

Australia is a world leader in transplant outcomes but **1,600 people are still on organ waiting lists** at any one time.

The majority of Australians are generally **willing to become organ (78%) and tissue (75%) donors**.

Of the 51% of Australians that know the donation decision of their loved ones, **94% would uphold these decisions**.

On behalf of DonateLife, RMH and the community, we thank all of our donor families for their generosity in thinking of others at such a difficult time.



Above: Max, recipient of a donor kidney.

Improving care

Cultural sensitivity can have a significant impact on peoples' experience of the health care system.

Taking into consideration a person's culture and beliefs when giving care can greatly improve a patient's health outcomes.

Ms Julia Blackshaw, Social Work and Cultural Diversity Manager at Melbourne Health, said awareness and understanding of the diversity of our patients and consumers lie at the heart of excellent care.

"Understanding and embracing the different physical, cultural, emotional, spiritual and language needs of our patients and their visitors, helps us deliver the best possible health care we can," Ms Blackshaw said.

Melbourne Health has obligations under the Department of Health and Human Services to have plans in place that drive a whole-of-organisation approach to:

- The Cultural Responsiveness Framework
- Improving Care for Aboriginal and Torres Strait Islander Program (ICAP); and
- aDAPting to Disability – a guide to disability action plans in Victoria

Rather than maintaining three separate plans, Melbourne Health developed the Respecting Our Community (ROC) Action Plan as one overarching plan to drive an organisation wide improvement process. The Melbourne Health ROC action plan for 2014/15 is linked to the relevant reporting standards for each of the three cohort areas and to the National EQUIP Standards.

Examples highlighting the Respecting Our Community Action Plan in action:

Improving Care for Aboriginal patients (ICAP)

Establish and maintain relationships with Aboriginal communities and services

The Melbourne Health Aboriginal employment plan Kareeta Yirramboi continued in 2014/15. Significant achievements in this area included winning the *Leadership in Public Sector Award* 2014 for Aboriginal Employment and working closely with our partners in the Parkville precinct to look at programs such as work experience, career taster days and networking events for current Aboriginal employees. It is testament to our vision to be *First in Care, Research and Learning* that last year we proudly announced Australia's first Indigenous internship to attract and support Indigenous medical students. This really is a first in learning. Read more about our Indigenous medical internship on page 12.

The Melbourne Health Acknowledgement of Country procedure has continued to gain momentum, with departments such as the Allied Health Directorate ensuring that at each Allied Health Forum an Acknowledgment of Country is undertaken by a staff member from each discipline. The Chief Executive completes an Acknowledgement of Country at each monthly MH wide Orientation. A Welcome to Country is undertaken by an appropriate Elder for all formal events including the Community Board meeting and Annual General Meeting.

Accredited interpreters are provided to patients as required

13,327 (15.3%) of people admitted to RMH in 2014/15 were identified as requiring an interpreter; 27,319 outpatients (12.1%) identified as requiring an interpreter and provided a service. 1,961 emergency department presentations (5.5%) required an interpreter.

People speaking 90 different community languages other than English attend RMH. Most people requiring an interpreter fall into our top six language groups, for which we have in-house interpreting.

A project to improve access to interpreting services by integrating telephone interpreting into outpatient clinics was successfully completed in 2014/15. This project saw improvement of connection times and sound quality. Staff education for using telephone interpreting service was also delivered, as well as additional handsets to enable three-way communication in all outpatient consulting rooms. Criteria for staff to determine when to use telephone interpreting was developed with clinical and consumer input. Training and equipment have been expanded into the inpatient wards to ensure every patient who needs an interpreter has access to one. There have also been successful trials of video-interpreting between City Campus and Royal Park Campus this year as another way to improve access.

In 2014/15, 10 different RMH patient information brochures across a range of services were translated into the six most frequently used languages other than English. 52 patients benefited from letters and reports being translated for their treatment planning and delivery. The post-discharge patient experience survey is also available in six languages.

Taking the pain out of waiting

With up to 85% of Australians experiencing an episode of back pain within their lifetime, a new back pain program is helping people recover and reduce the need for expensive tests and spinal surgery.

Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness

'Partnering with consumers' mandatory training has been introduced for all staff and volunteers. Information about Melbourne Health Aboriginal Health Program, Melbourne Health interpreting services and awareness about diversity has been included in this training. The training is delivered at orientation for all new staff and volunteers to Melbourne Health and is also available as an online learning module for existing staff and those in need of a refresher. In 2014/15, 128 new volunteers received the training as part of their induction.

During Cultural Diversity week in March 2015, Professor Joseph A. Camilleri OAM spoke at the clinical staff education Grand Round on 'The Cultural Diversity Agenda: Implications for Health Care'. During this week an interactive online education package, 'Welcoming Diversity' was launched. The package was designed to provide practical tools for staff in culturally responsive care. The education package provides a choice of modules, tailored for the needs of staff in their different roles. Topics covered include refugee health, pastoral care and working with interpreters.

An Italian women's choir La Voce Della Luna visited wards at both RMH City and Royal Park Campuses for patients enjoyment. During Cultural Diversity week Pastoral Care facilitated a number of different religious activities in the Sacred Space that is collaboratively coordinated by RMH and the Royal Women's Hospitals – including Zen Buddhist meditation, Ecumenical Christian celebration and Ju'maa (guided Muslim prayers).

The Back pain Assessment Clinic (BAC), is a collaboration between The Royal Melbourne Hospital, Merri Community Health Services (MCHS) and cohealth, which commenced in July 2014 with pilot funding from the Department of Health and Human Services (DHHS).

Clinics located in Coburg and Parkville involve Advanced Practice Physiotherapists, a Rheumatology Registrar and a Consultant Rheumatologist.

Royal Melbourne Hospital Rheumatologist and BAC Project Director, Dr John Moi, said the program has been a success.

"Delivering appropriate and timely care for back pain sufferers remains a major challenge for community and hospital care providers," said Dr Moi.

"Many people sit on long surgical waiting lists, sometimes waiting up to 18-months or more, only to be told in a busy surgical clinic that their condition does not require surgery.

"So, we needed to think outside the box about what we could do to give our patients the quickest access to expert spinal assessment and care.

"In the 12-month pilot phase, the BAC received 546 referrals and removed 261 patients from the Neurosurgery and Orthopaedic Spinal Surgery outpatient waiting lists."

The 'BAC model' was developed in collaboration with Neurosurgery, Orthopaedic Spinal Surgery, Rheumatology, Pain Management Services, Physiotherapy and community partners cohealth and Merri Community Health Service.

Following assessment in the BAC, people requiring non-surgical management for their spinal conditions are given priority access to their local MCHS and cohealth allied health services, whilst patients needing surgical, rheumatology or pain management input have streamlined access back to specialist units at the RMH.

"The BAC is an innovative, safe and effective new model of care for patients experiencing neck and back pain," Dr Moi adds.

"The success of the pilot has led to the BAC team receiving a further grant from the Victorian DHHS to mentor other hospitals to implement the RMH 'BAC model' of care."



Above: Advanced Practice Physiotherapists Uyen Phan, Adam de Gruchy and Rheumatologist Dr John Moi.



SUPPORTING INDIGENOUS MEDICAL STUDENTS

Australia's first Indigenous medical internship

Australia's first Indigenous medical internship, developed and implemented by Melbourne Health, aims to attract and support Indigenous medical students.

The full internship is funded by the Victorian Department of Health and Human Services and The Royal Melbourne Hospital (RMH). The position is open to Indigenous medical school graduates from Melbourne and Monash Universities and is offered as part of Melbourne Health's Indigenous Employment Plan.

RMH Emergency Department Consultant and Australia's only Aboriginal emergency specialist, Dr Glenn Harrison believes the internship will help create a strong Indigenous workforce across all medical specialties.

"With the commencement of our first Indigenous intern this year, the RMH doubled its number of Indigenous medical staff, which is an embarrassingly stark illustration of both the problem and the purpose of our Indigenous Internship program," Dr Harrison says.

"During the 12-month internship, Indigenous doctors will be encouraged to access the vast range of medical and research programs both within the hospital and across the Parkville Precinct in Melbourne."

The internship was the brainchild of Melbourne Health's former Director Medical Governance, Dr Victoria Atkinson, who was also a cardiothoracic surgeon at the RMH. Dr Atkinson undertook extensive consultation with people working within the Indigenous health and education sectors before implementing it.

Dr Harrison adds, "It would be wonderful if, in the future, we began receiving applications from Indigenous doctors at various levels of training or expertise because that would allow us to build a cohort of Indigenous doctors which would be an asset to the hospital and great for our Indigenous patients."



Dr Glenn Harrison and
Dr Victoria Atkinson.

“It is so important that we have diversity in our medical workforce to help guide us in the care of our Indigenous patients, and this program is one step closer to achieving that goal.”

In 2015/16, Melbourne Health has increased the Indigenous intern intake to two positions.

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“During the 12-month internship, Indigenous doctors will be encouraged to access the vast range of medical and research programs both within the hospital and across the Parkville Precinct in Melbourne.”

.....

Dr Glenn Harrison

Dr Glenn Harrison is a specialist Emergency Physician and Indigenous medical graduate from the University of Melbourne. He is a proud Koori, a descendant from the Wotjobaluk people from north-western Victoria. He works full time in the Emergency Department at Royal Melbourne Hospital (RMH), where he has held the appointment of Director of Emergency Medicine training. He is also a current member of the RMH ‘Respecting Our Community’ committee, is a member of the Australian Indigenous Doctors Association, and a member of the Australasian College for Emergency Medicine Indigenous Health subcommittee.



HIGH RISK CANCER SERVICE

Saving women's lives

Demand for a specialised clinic helping women who have a very high risk of developing breast and/or ovarian cancer has almost tripled in five years.

The Royal Melbourne Hospital and The Royal Women's Breast and Ovarian Cancer Risk Management Clinic opened in collaboration with the Familial Cancer Clinic in August 2010.

The clinic provides individualised risk management advice to individuals, and offers clinical examination, surveillance imaging with mammogram and MRI, prescriptions of risk reducing medications, and referral for risk reducing surgery.

Professor Bruce Mann, who heads up the Risk Management Clinic, said addressing this gap in care was a priority from the time the combined Royal Melbourne/Royal Women's Breast Service was formed.

"Dramatic advances in genetics have led to the identification of a group of women at very high risk of developing breast and/or ovarian cancer," he said.

"Their risk is considered too high for the services offered to the population by BreastScreen Australia, yet there were few clinics offering risk management to these individuals and families.

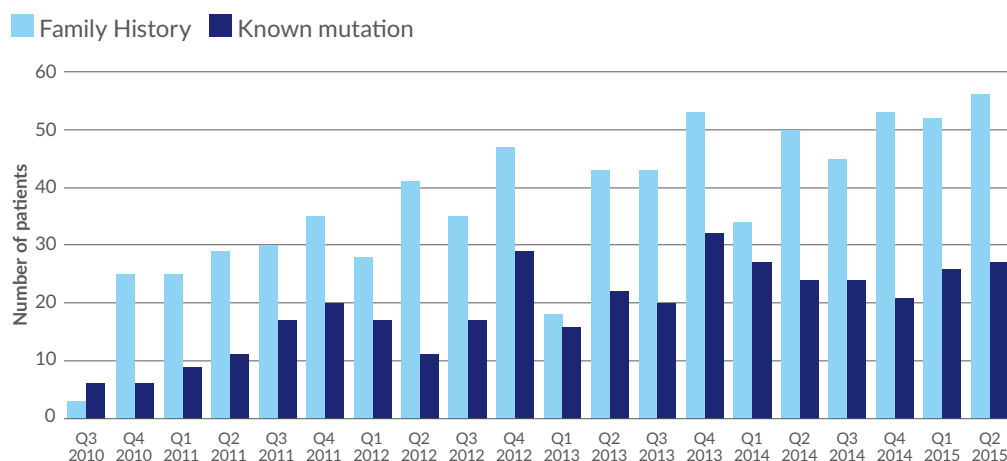
"All of our patients under the care of the Risk Management Clinic undergo surveillance imaging and clinical breast examination yearly. Breast MRI has been funded since 2009 for surveillance of women who were under 50 and defined as high risk of developing breast cancer.

"The Breast MRI service offered by the RMH and Women's radiology departments has been central to the success of this clinic and the radiologists involved are internationally acknowledged experts in Breast MRI."

The team in the Risk Management Clinic proactively talk with patients about the various options available to reduce their risk of developing breast and/or ovarian cancer.

This could include surgical removal of breast tissue (mastectomy) and/or the ovaries, as well as referrals to gynaecological oncologists at The Women's Hospital and the Menopause Symptoms after Cancer Clinic to help manage potential side effects.

FIGURE 1. PATIENTS TREATED IN THE RISK MANAGEMENT CLINIC OVER FIVE YEARS



.....

“The Breast MRI service offered by the RMH and Women’s radiology departments has been central to the success of this clinic and the radiologists involved are internationally acknowledged experts in Breast MRI.”

PROFESSOR BRUCE MANN

.....

Left: The Breast and Ovarian Cancer Risk Management Clinic team.

Links with the Plastic Surgical Service at the RMH and The Women’s, along with philanthropic support from the TreasureChest Foundation, have enabled the service to offer a full range of breast reconstructive options to those choosing prophylactic mastectomy.

Professor Mann added the use of specialist medication is also an option for many women.

“Tamoxifen and other medications have been shown to reduce the risk of developing breast cancer by 35% over a 15 year period,” he said.

“Despite this, the use of Tamoxifen in this group of women is low. One role of the clinic is to provide accurate information and advice to women for whom these medications may be appropriate.

“As the evidence for the role of Tamoxifen as a risk reducing medication has become stronger, we have actively promoted its use, as well as other oestrogen-lowering drugs as prevention for breast cancer to all eligible patients.”

The clinic is managed by a specialist Breast Care Nurse (BCN), and staffed by a breast surgeon and a BCN. The RMH’s Familial Cancer Centre provides genetic counselling and administration support.

The clinic accepts referrals from women who have carrier gene mutations and those with a strong family history of breast cancer. The gene mutations included BRCA1, BRCA2, PTEN, p53, and any which leads to women with a greater than 30% lifetime risk of developing breast cancer. The clinic was initially run fortnightly, but was quickly filled to capacity, and in 2014 it became a weekly clinic.

The number of patients seen has steadily increased as the clinic has filled to near capacity, as shown in Figure 1.

Record flu vaccination rate wins top award

Tackling the complexities behind increasing staff influenza vaccination rates has seen Melbourne Health take out first prize in the Australian Council of Healthcare Standards Quality Improvement Award in the category of Healthcare Measurement.

The Quality Improvement Awards are an annual recognition of achievement and encouragement for quality improvement activities, programs or strategies that have been implemented into healthcare organisations.

Melbourne Health’s submission ‘Taking staff influenza rates to a record level’ explained how the organisation increased staff and volunteer influenza vaccination rates through a targeted and comprehensive engagement program.

Melbourne Health set itself the target of increasing staff influenza vaccination rates from 45% in 2012 to 80% vaccinated and 95% compliant with documentation, with or without vaccination – one of the first such outcomes for an Australian health service.

Melbourne Health’s Executive Director Clinical Governance and Medical Services, Dr Peter Bradford, said the award was great recognition for the leadership of our Chief Executive and Board and of the tireless work of the Influenza Vaccination Working Party.

“In 2010–2012 our staff vaccination rates were stagnating around 45%,” Dr Bradford said.

“However, with a change of focus and a more direct communication approach to tackling the myths and attitudes about the influenza vaccination, we were able to almost double the number of staff receiving the vaccination and as well as signing declaration forms, indicating the reasons for not having the shot.”

Melbourne Health took a creative approach to encouraging staff to be vaccinated, focusing on staff values and protecting their loved ones and patients against the flu. Campaign posters and a video featured prominently across the organisation.

The program also made the vaccination readily available to all staff with a dedicated Flu Stop Shop at The Royal Melbourne Hospital City Campus, vaccination stations at the staff car park and roving vaccinators across 32 Melbourne Health sites.

Highlighting the further success of the program, Melbourne Health also received the Institute of Public Administration Australia (Victoria) 2014 Communication Award – *Melbourne Health drives world-leading influenza vaccination rate through a comprehensive and targeted communications campaign.*



CARDIAC SURGERY UNIT

Continuing Cardiothoracic Care

61%

of cardiac surgery patients in 2014 were recruited into the continuing cardiac care service.

672

home visits were completed.

A unique heart service is helping people recover faster from cardiac surgery in the comfort of their home and surrounded by their loved ones.

The Royal Melbourne Hospital's Cardiac Surgery Unit provides a Continuing Cardiothoracic Care (CCC) service to patients, who have undergone cardiac surgery.

The specialised Hospital in the Home Cardiac service allows eligible patients to receive the completion of their cardiac surgery care in their home, while remaining under the care of the RMH's cardiac surgery team.

The service is provided by Clinical Nurse Consultants, who are specialist cardiac nurses. These nurses are based in the cardiac surgery unit and follow patients through their heart surgery journey from the hospital to the home.

Lisa Sammartino, specialist cardiac nurse at the RMH, says the service is family focused and involves everyone in the household.

"By the time the patient leaves the hospital to continue their recovery at home, we have been able to establish a good relationship with them and their family. So, when we continue visiting them at home the transition is very smooth and we know each other well, so there is no awkwardness or unfamiliarity," she says.

"Patients feel comfortable and more receptive to information in their own environment and this helps contribute to the best recovery. We talk to them about post-surgery care and recovery, medication management, exercise expectations, including cardiac rehabilitation, and dealing with possible side effects or complications.

"While the patient is recovering at home under our care, we are continually liaising with their care team back at the hospital, including their surgical and allied health teams, to make sure we are responsive to any changes to the patient's condition and make any necessary changes."

The service has also seen a significant reduction in the number of days a patient needs to stay under the care of the hospital and potential readmissions, freeing up hospital beds for patients who are very unwell.

Lisa adds a patient feedback survey in 2014 highly praised the service.

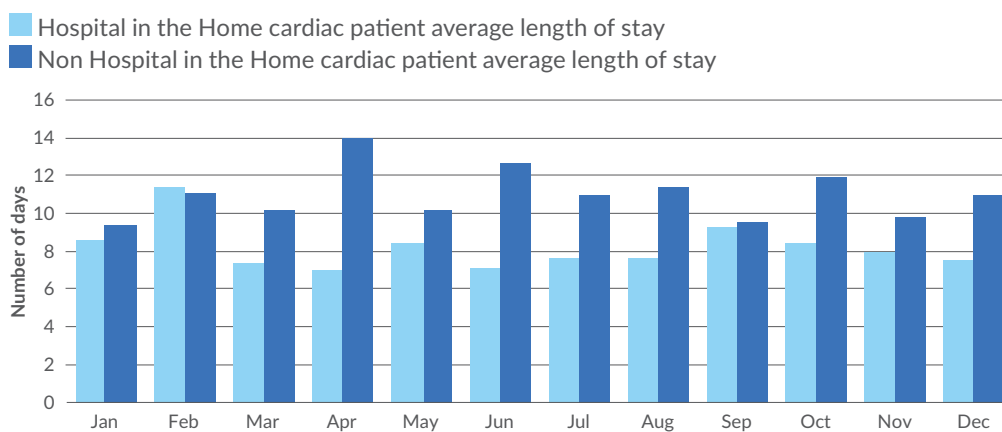
"The majority of patients under the care of the Hospital in the Home Cardiac service said they gained greater knowledge and felt reassured and confident with their post-operative recovery."



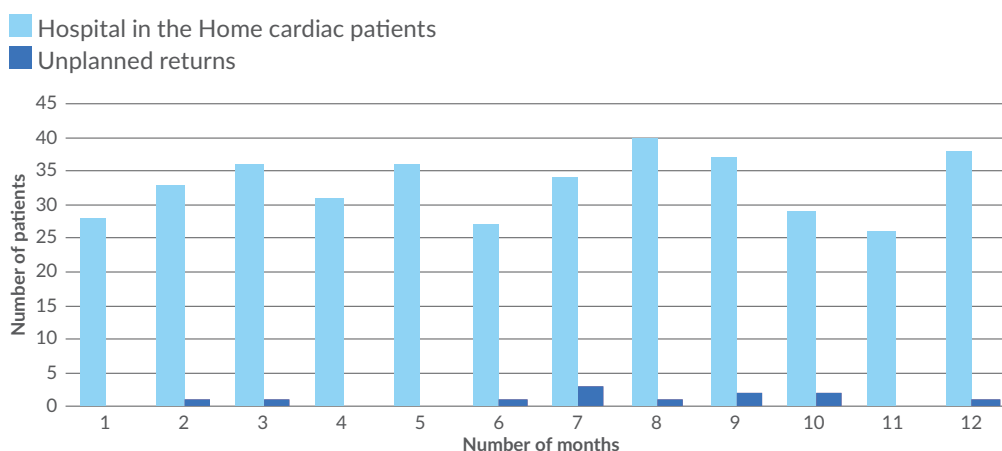
“Patients feel comfortable and more receptive to information in their own environment and this helps contribute to the best recovery.”

LISA SAMMARTINO, SPECIALIST CARDIAC NURSE

LENGTH OF STAY COMPARISON 2014

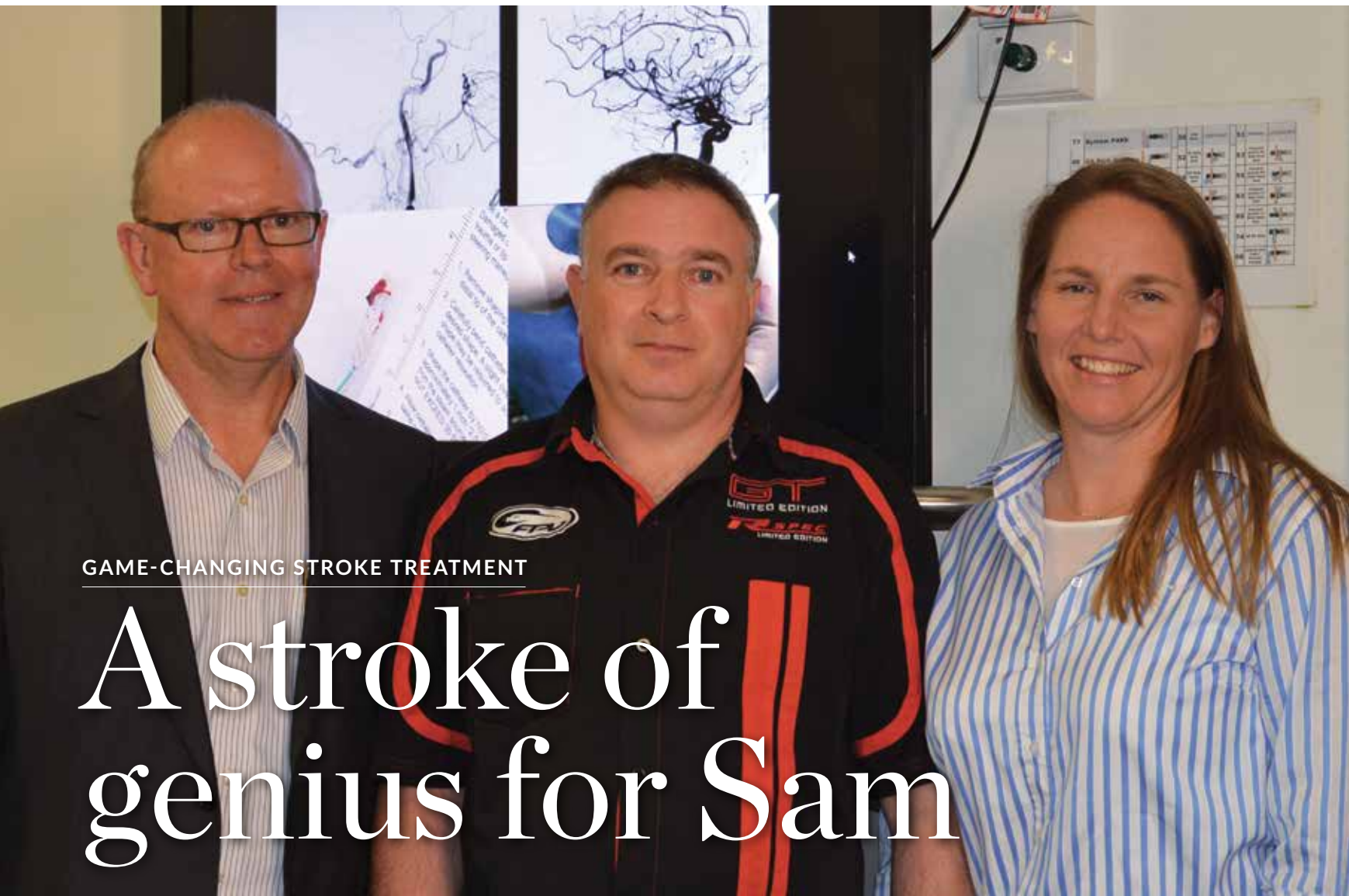


READMISSION RATE 2014



The opportunity for liaison and review of patients by the cardiac medical team has influenced the prevention of potential presentations to emergency and readmissions. Of those patients receiving the service in 2014, **only 12 patients required readmission** into the hospital, **well below the benchmark of 5%.**

The **average hospital length of stay** for patients receiving the service was **reduced to 8.2 days.** This compares to an average of 11 day length of stay for those patients who did not partake in the Hospital in the Home Cardiac service.



GAME-CHANGING STROKE TREATMENT

A stroke of genius for Sam

500

ischaemic stroke patients are treated each year at RMH.

For Melbourne truck driver, Sam Kalogiannopoulos, being at the right place, at the right time saved his life. Unbeknown to Sam, he was one of the 70 Australians who were part of a groundbreaking new stroke clinical trial, known as EXTEND I-A.

EXTEND I-A* was an Australian and New Zealand randomised clinical research study, led by the Royal Melbourne Hospital (RMH) that looked at the effectiveness of a new treatment for stroke.

The study involved adding a minimally invasive clot removal procedure called stent thrombectomy to standard clot-dissolving therapy, known as tissue plasminogen activator (tPA).

The result? Blood flow was restored back to Sam's brain quicker than standard stroke treatment, giving Sam his old life back again.

Royal Melbourne Hospital Neurologist and co-principal investigator of the EXTEND I-A study, Dr Bruce Campbell, said in 89% of patients, blood flow to the brain was restored when the clot removal therapy was used compared with 34% of patients who had standard clot-dissolving therapy alone.

"The addition of stent thrombectomy to standard clot-dissolving treatment led to 71% of patients returning to independent living, compared with 40% in the standard treatment group.

"This is an extremely impressive outcome given these patients had the most severe forms of stroke." The most common form of stroke is an ischaemic stroke, caused by a clot blocking a blood vessel that supplies the brain. Stroke is the leading cause of disability in adults and the number two cause of death worldwide.

Director of the RMH's Neurointervention Service and co-principal investigator, Associate Professor Peter Mitchell, said the results of the Australian study and other similar international studies have changed the way stroke is treated worldwide.



Associate Professor Peter Mitchell, EXTEND I-A patient Sam Kalogiannopoulos and his wife Sally, and Dr Bruce Campbell.

“The new treatment, called stent thrombectomy, is a minimally invasive procedure performed via an angiogram. This involves inserting a small tube into an artery in the groin and feeding it up into the brain to capture the clot and remove it,” Associate Professor Mitchell said.

“The EXTEND I-A results tell us that stent thrombectomy will help thousands of Australians who suffer from an acute ischaemic stroke. The challenge now is to implement stent thrombectomy as a standard treatment for stroke.”

The Royal Melbourne treats approximately 500 ischaemic stroke patients a year and is one of the few stroke centres in the world to treat patients within 20 minutes of arriving in the emergency department.

The EXTEND I-A study was supported by grants from The Royal Melbourne Hospital Foundation, The Royal Australasian College of Physicians, The National Health and Medical Research Council of Australia, the National Heart Foundation and National Stroke Foundation of Australia.

*The EXtending the Time for Thrombolysis in Emergency Neurological Deficits – Intra-Arterial

Listening to our community puts therapy back on track

For many people, seeing a therapist after a hospital stay can make all the difference in getting back on their feet and back into day-to-day life. For others, getting this care at the right time can help avoid the need to go into hospital at all.

How to get patients back on their feet quicker and reduce waiting times was a dilemma shared by the Community Therapy Service (CTS) at the Royal Melbourne Hospital's Royal Park Campus. The CTS is a team of allied health and nursing clinicians who help patients work towards achieving rehabilitation goals.

Ms Sandra Savy, who heads up the Community Therapy Service, believes that patient feedback is the best way to develop a better patient focused service.

“We knew that some of our patients had to wait a significant time to access our service, and we knew we could do better,” she says.

“In 2013, our patients waited more than five and half weeks on average to see one of our CTS therapists. Some waited for several months and in several instances, up to a year. Long waitlists caused stress for both patients and staff as the number of referrals received continued to grow.

“As a team, we agreed that it was important to make sure that patients wait no longer than needed to see a therapist. A project team began to meet and consider what could be done to help reduce the time patients wait to get therapy. They spent several months speaking to therapists, patients, carers, the leadership team and similar services in other areas to better understand what would help.

“After a lot of planning and consultation several changes were made. It was important to us that the changes we made addressed concerns that patients had raised and helped to make the experience of coming to therapy as positive as possible.

“Our patients told us it was difficult to reschedule an appointment because the therapists were very busy and hard to get hold of. So, as part of our changes, we set up a system to allow our administration team to make and reschedule appointments.”

The changes helped the community therapists to:

- Spend less time doing paperwork and managing appointments behind the scenes – so they can spend more time with patients, and
- Find out who has been waiting for long periods more quickly – so the CTS team can make sure they offer them an appointment when they need it.

Following the changes, the average time patients waited for therapy was reduced by more than a third. Today, patients wait only three and a half weeks on average for therapy with CTS and 95% of patients are seen within three months of being referred.



MY STORY

Keeping memories alive

My Story, is a pictorial book of a resident's time at the high care residential home, Merv Irvine Nursing Home.

Merv Irvine's Nurse Unit Manager, Wendy Wallace, said the catalyst of *My Story* was the realisation that when the resident left the home, either due to transfer or death, there was nothing tangible for the resident or family/carers about their time at the nursing home.

Created by Merv Irvine's Clinical Charge Nurse, Dyesebel Dinglasan, *My Story* starts the moment a resident is admitted. "We gather information about the resident to help us understand their life up to that point," explained Wendy.

"The story is captured as it happens in an album format, for the resident or their family/carer. This album is not only used to engage families and the resident throughout their time in the home, but it is also given as a gift on discharge.

"Given the complexities of the patients we have living at Merv Irvine, it's a fantastic feeling to give them something that reflects the time they have spent here, even if they can't recall it – the photos tell the story."

Merv Irvine Nursing Home is a 30-bed high care residential nursing home for people with complex behavioural issues, like dementia.

The *My Story* books to date have been an overwhelming success and the home has had wonderful heartfelt feedback from those who have received a *My Story* album. The financial cost is negligible and the staff have embraced the project wholeheartedly and manage their time to ensure this project continues.

Wendy added that families and carers have expressed that they feel more connected with their loved one and the home.

"*My Story* continues to connect residents, their families and staff in a meaningful way which has long lasting memorial consequences during a time when many are grieving, experiencing overwhelming loss and feeling isolated as they adjust to a journey not planned or travelled before."



Above: Residents of Merv Irvine Nursing Home and their My Story albums with Nurse Manager Wendy Wallace (left) and Clinical Charge Nurse Dyesebel Dinglasan.

Photos taken to capture everyday life at Merv Irvine Nursing Home

- Photos are taken on all special occasions, activities e.g.. Birthdays, family celebrations, home activities. Photos are added to the book with journal entries.
- Photos include all staff where possible and with consent.
- Education sessions are booked for staff to ensure consent and confidentiality is understood, maintained and compliant with policy.
- Written consent is undertaken from residents and representatives.
- The project is an ongoing agenda item at all resident, family and staff meetings to ensure not only all feedback is captured, but any problems identified are resolved quickly.

OUR FALLS JOURNEY

Improving patient safety

Falls prevention at Melbourne Health has been a key area for focus in improving patient safety in the last 12 months.

Melbourne Health's Falls Coordinator, Rebecca Lewin, said benchmarking data against other hospitals highlighted that Melbourne Health had a great deal of work to improve the rate of falls with serious injuries.

"In the previous two years there had been an increase in the number of falls and falls with fracture across Melbourne Health," Ms Lewin said.

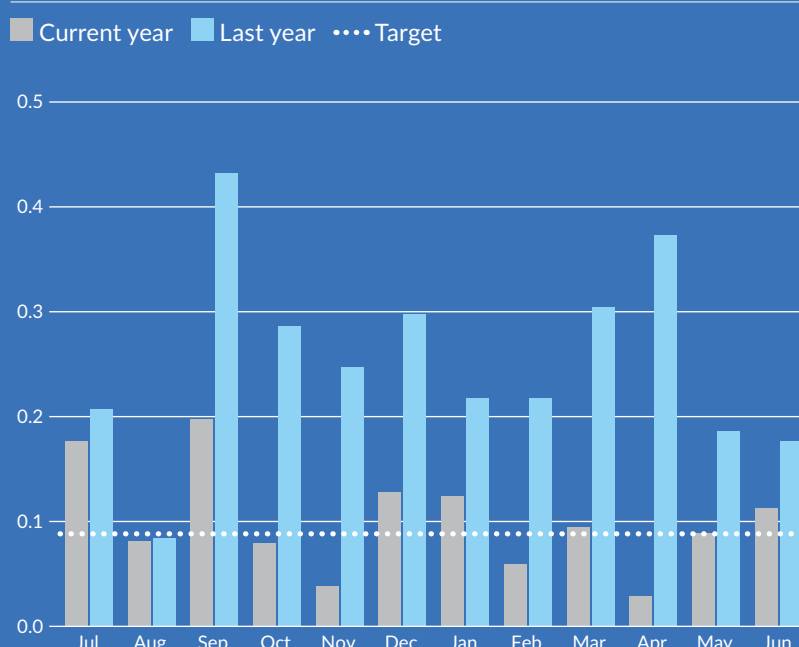
"The challenge was how do we drive organisational wide change and improve processes and practices to improve our rate of falls and keep our patients safe.

"As part of the campaign 'Everyone has a role in falls prevention at Melbourne Health', we developed a number of projects designed to see a sustained improvement across the organisation that weren't just quick fixes. These included improving our access to falls data so we could have an accurate picture of what was happening, implementing a falls champion program and having a dedicated workforce resource for falls prevention at Melbourne Health.

"As a result we began to see a significant change to the rate of falls and falls with fracture across Melbourne Health. There has been an increased awareness regarding falls prevention across the organisation and growing engagement in falls prevention activities and improvement projects across the disciplines and divisions within the organisation.

"Our falls and falls with fracture results now speak for themselves and we are very proud of how far we have come because keeping our patients safe is our most important priority."

REPORTED INPATIENT FALLS RESULTING IN FRACTURE/1,000 BED DAYS 2014/15





ONE-STOP THYROID CLINIC

Best care for our patients

Australia's first public one-stop thyroid clinic is reducing waiting lists for patients being evaluated for thyroid cancer.

The clinic, developed by The Royal Melbourne Hospital's Endocrine Surgery service, now offers same day, surgeon-performed thyroid biopsy for patients, instead of having to return to the hospital weeks later.

Head of the Service, Associate Professor Julie Miller, said the clinic saves patient time, reduces anxiety and decreases the number of hospital visits.

"Thyroid nodules are very common, and account for the majority of referrals to the Endocrine Surgery Clinic," Associate Professor Miller said.

"Patients come to clinic worried about whether their thyroid nodules could be cancer. Evaluation includes history and physical examination, thyroid ultrasound (US), and ultrasound-guided fine needle aspiration biopsy (FNA) of any suspicious nodules to differentiate benign (non cancerous) nodules from cancer.

"The time from referral to definitive diagnosis is a time of heightened anxiety for most patients. We now provide thyroid FNA biopsy, in clinic, performed by the Endocrine Surgeons using a portable ultrasound machine," Associate Professor Miller said. "This is a great example of everyone working together to give the patient the best experience we can."

Thyroid cancer is the fastest growing cancer in Australia. Between 1982 and 2014, the incidence of thyroid cancer has increased by a dramatic 281%, from 2.7 to 10.3 per 100,000 persons.

In 2014, over 2,600 Australians were expected to be diagnosed with thyroid cancer. Thyroid cancer is the 7th most common cancer in females and the 20th in males, and the most common cancer in adolescent and young adult females.

Associate Professor Miller added that in the first nine months of the one-stop thyroid clinic, 110 same-day thyroid FNA biopsies were performed by the Endocrine Surgery Service.

"This service eliminates the waiting period for an appointment in radiology," Associate Professor Miller said.

Patients are provided with a diagnosis and plan (surgery or observation), weeks earlier than with the traditional model. The new service also reduces congestion in the Department of Radiology, allowing them to offer more timely appointments to patients from other clinics.

"By thinking a little differently and putting the needs of our patients first, we have been able to develop a service that provides our patients with a quicker diagnosis, reducing any unnecessary anxiety."



In 2014, over 2,600 Australians were expected to be diagnosed with thyroid cancer.

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In the three years prior to introducing the 'one-stop thyroid nodule clinic' 440 patients were referred to Radiology for ultrasound guided thyroid FNA. From the time of FNA request, it took an average of 27 days for the patient to undergo FNA, and a median of 43 days to receive the results and management plan.

When asked, 99% of patients preferred to have their FNA in clinic, rather than return for another appointment in radiology. These patients received FNA results and management plan in a median of 14 days from their first clinic visit. In addition, the decreased demand on radiology has meant that 67 patients undergoing thyroid FNA in radiology during the same time period have received an appointment in only 22 working days (median), compared to 27 days in the preceding time period.

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“By thinking a little differently and putting the needs of our patients first, we have been able to develop a service that gives our patients a quicker diagnosis, reducing any unnecessary anxiety.”

ASSOCIATE PROFESSOR JULIE MILLER

.....

281%

increase in the incidence of thyroid cancer in Australia between 1982 and 2014.

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Until recently, investigation of thyroid nodules in public hospital clinics has occurred as follows:

GP orders diagnostic thyroid ultrasound and refers for specialist evaluation



Endocrine Surgery Clinic appointment (history and examination)



Referral to Radiology for ultrasound-guided FNA



Another Endocrine Surgery Clinic appointment for results of FNA, where a management plan is provided

Putting the safety of consumers and staff first

A new approach to deter illicit substances in mental health facilities was unveiled by NorthWestern Mental Health (NWMH) earlier this year.

As part of a range of measures to help keep consumers and staff safe, passive drug detector dogs were introduced to all NWMH acute psychiatric inpatient units.

Robert Doyle, Chairman of Melbourne Health, said this initiative was a proactive response to a community wide problem.

“Organisations across Victoria are facing the problem of illicit substances, and state and federal governments are investing millions of dollars to address the issue,” Mr. Doyle said.

“Similar initiatives using passive detector dogs have been successfully implemented by health services in the United Kingdom and New Zealand.

“We know from data in the UK and NZ that drug detection dogs act as a deterrent to bringing drugs into mental health facilities by consumers and their visitors.

“And in fact, experience from overseas shows us that these dogs can have a positive impact on our consumers just with their presence in the units.”

Associate Professor Ruth Vine, Executive Director of NWMH – Victoria’s largest mental health provider – said the possession and use of illicit substances is a serious concern for all mental health services.

“There is considerable evidence that illicit drug use can have a huge impact on vulnerable consumers. We know that mental illness and drugs do not mix and it is our goal to keep drugs out of our units,” Associate Professor Vine said.

“When a consumer is under the influence of illicit drugs their level of aggression increases, it undermines their recovery, and adversely affects other consumers and staff who are exposed to this behaviour.

“The wellbeing and safety of our consumers and staff is our highest priority and this initiative will help us offer a safe and supportive environment for those receiving treatment.”

The dogs are trained to detect a range of illicit substances including marijuana, heroin, cocaine, and ice. In the event that a substance is detected, the dog delivers a passive and non-intrusive response by sitting down.

“We worked in consultation with consumers, staff and union representatives over several months before the introduction of these dogs,” Associate Professor Vine said.

What we are doing to make our mental health facilities safer

We have implemented a number of safety initiatives to protect the safety and wellbeing of our patients, visitors and staff:

Closed Circuit TV (CCTV) is used on some inpatient units to monitor common areas including entries and exits, reception areas, corridors, courtyards, and gardens. The footage obtained from these cameras will be stored in accordance with the Australian standards and the Victorian Workplace Privacy Act and may be used as evidence if required.

Passive drug detector dogs are used to detect illicit substances that may be brought in by patients or visitors.

Patient belongings are searched when they are admitted or return from temporary approved leave to ensure that prohibited substances or weapons that could be harmful to themselves or others are not brought into the unit.

Lockers are provided outside inpatient units for visitors to securely store their belongings before entering the ward.



Helping our staff talk about your goals of care

There's been a lot of buzz about Advance Care Planning but what does it all mean?

Advance Care Planning is a process of planning for your future health care needs. It's a process of deciding what's important to you so that, if you become too unwell to speak for yourself, your loved ones and the health professionals caring for you will have a plan for making decisions that are right for you.

Jo-Anne Slee, Advance Care Planning Project Officer at The Royal Melbourne Hospital, explains that Advance Care Planning has two main components.

"Firstly, discussing, and preferably writing down, your health care preferences; and secondly, appointing an Enduring Power of Attorney (Medical Treatment), who can speak for you if you cannot speak for yourself," says Jo.

"Anyone over the age of 18 can have an Advance Care Plan but it is especially important for people who are living with a chronic illness, like heart disease, lung disease, kidney disease, and dementia."

When you come into hospital, your Advance Care Plan can help the medical staff talk to you about the medical treatment options available to you. The doctors will talk to you, or your representative, about your illness, your values and beliefs, and your health care preferences to help develop the Goals of Care for your hospital stay.

"A Goals of Care discussion may involve giving a patient or their loved ones bad news and so it's vital that our doctors are skilled in having difficult conversations," says Jo.

"As such, we have been running Goals of Care and Treatment Workshops for junior medical staff, where they learn practical communication skills. The workshops use actors to play the role of patient, or their representative, and the junior doctors discuss the treatment options available in each situation.

"They are supported by a member of the senior medical staff and have a chance to debrief about what went well and what could be improved.

"The response to the workshops has been overwhelmingly positive, with participants telling us that they found the workshops very helpful, practical and useful. One participant said, "It is really valuable to feel supported by senior staff and to practice in a supportive environment," another commented that the workshop was "so important – learning appropriate language is the key to discussing things well".

You can find out more about Advance Care Planning page on our RMH website. You can also speak to a member of RMH staff or email rmh-advancecareplanning@mh.org.au.



YOUR FEEDBACK MATTERS

We want to hear from all our patients

82% of patients who had an overnight stay at The Royal Melbourne Hospital (RMH) said they would recommend the hospital to a relative or friend. This is a good result but we'd like to do even better.

Whether you're having a day procedure, an outpatients appointment or staying overnight at RMH, you have the opportunity to provide us with feedback about your stay. This can be through the online surveys we email to you or through the compliments, complaints and suggestions process.

In 2014/15, we received over 2,500 responses to our surveys, the majority of which were via an online survey sent to patients, or their next-of-kin by email.

Of course, not everybody has an email address so we also have the survey available through our volunteers, who assist in the Transit Lounge and on some of our aged care wards. We also know that many of our patients speak languages other than English, so the survey is available in our top six community languages. You can also call interpreter services for assistance at any time as well as have interpreters assist you in completing the survey.

Based on feedback received from our patients and their families, we've made changes to our services and programs.

- A self check-in kiosk to enable faster and smoother access to outpatient appointments at the RMH City Campus.
- Wheelchairs available to borrow from the RMH City Campus car park.
- Your GP now receives your discharge summary electronically. This means that information about your hospital stay is provided to your GP more quickly and efficiently.
- Information about medications you need to take when you go home is provided earlier and tailored to your needs so that it's as easy as possible for you to understand.
- ICU patients now receive eye masks and earplugs as part of an initiative to improve rest at night time.
- The Rehabilitation Team has introduced a Discharge Passport which is a patient-held file and includes information about how to participate in ward rounds and suggested questions you might like to ask.
- Pre-admission clinics are introducing a waiting room card that provides information about what to expect for the appointment. This includes how long the appointment is expected to be and that it's to leave the waiting room, just let someone at reception know.

You said.

We did.

HIGHLIGHTS FROM OUR PATIENT EXPERIENCE SURVEY

82%  would recommend RMH to a relative or friend

When asked if they were treated with respect and dignity while in hospital



Staff explained the purpose of take-home medicines in a way that they could understand



Opportunities for improvement include:

When asked if a staff member told them who to contact if they were worried about their condition or treatment after they left hospital:

"We are working on making discharge a smoother process by providing more timely and clear information"



61% said 'yes, completely'

20% said 'no'



19% said 'yes, to some extent'

When asked if they felt as involved as they wanted to be in decisions about their care:

"We are working to ensure that patients, families and carers have all the information they need to be more involved in their care"



64% said 'yes, completely'

29% said 'yes, to some extent'

7% said 'no'

These are highlights from the first 18 months of the RMH Post Discharge Patient Experience Survey. The results are for patients who stayed overnight at RMH between July 2013 and December 2014. The survey was sent to 7757 patients and next of kin and 41% of these people completed the survey.

Residential aged care services at Melbourne Health

Melbourne Health provides residential, high care services with the exception of McLellan House Hostel which is a low care facility.

Gardenview House is a facility for residents with acquired brain injuries and Cyril Jewell House provides care for residents with multiple sclerosis and neurological disorders, in addition to residential aged care.

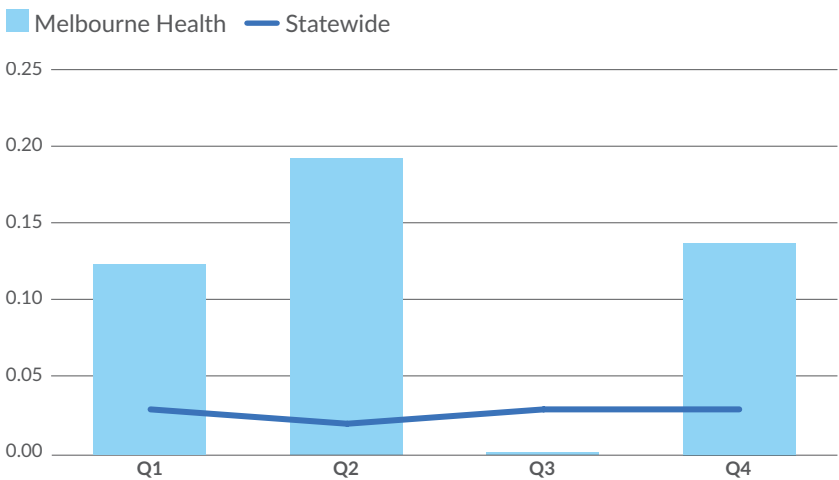
Many indicators are collected and presented to identify performance, and where improvements can be made in the delivery of care. Some of these are presented below.

Melbourne Health Residential Aged Care Services:

- Gardenview House, Parkville
- Boyne Russell House, Moreland
- Cyril Jewell House, Keilor East
- McLellan House Hostel, Jacana
- Merv Irvine Nursing Home, Bundoora
- Westside Lodge Nursing Home, St Albans

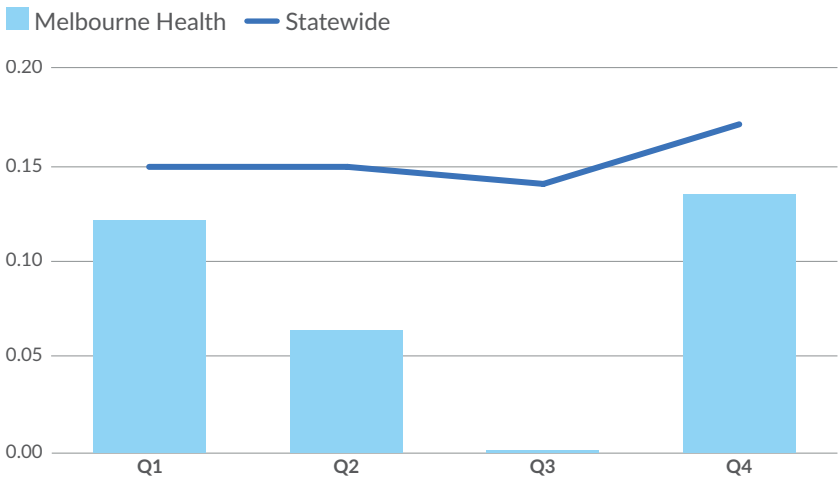
STAGE 4 PRESSURE INJURIES PER 1,000 BED DAYS 2014-2015

Older patients and residents are at a higher risk of developing pressure injuries due to a combination of factors such as fragile skin, mobility issues and prolonged periods of sitting or lying in the same position. Pressure injuries are categorised based on the depth of the injury to the skin according to a four point scale where 1 is a superficial injury and 4 is deep damage. The number of Stage 4 injuries remained low in 2014/2015 however registered above the state average in all but Q3. The ongoing education of staff and review of clinical practice to prevent pressure injuries remains a key focus across Melbourne Health (MH).



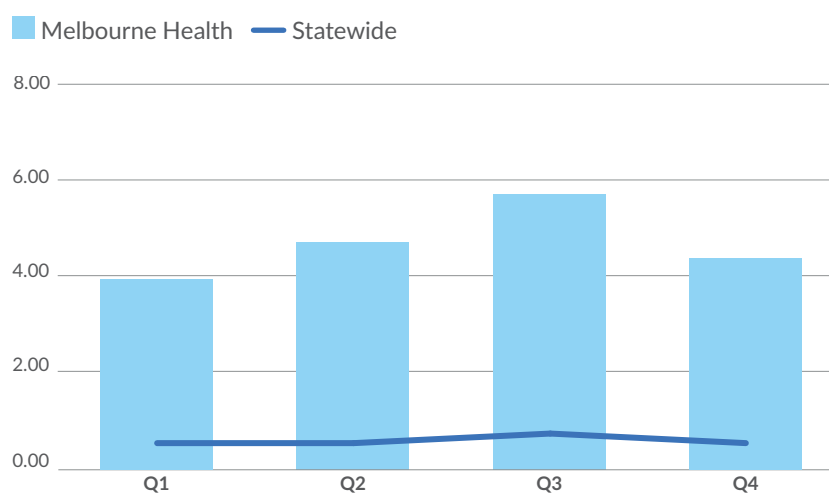
FALLS RELATED FRACTURES PER 1,000 BED DAYS 2014-2015

A number of falls related fractures in the residential aged care services remains under the statewide average. The analysis of the incidents involving a fall continues to provide valuable information on which to develop increased staff awareness of the circumstances that contribute to falls and standard precautions that can reduce the risk of falls.



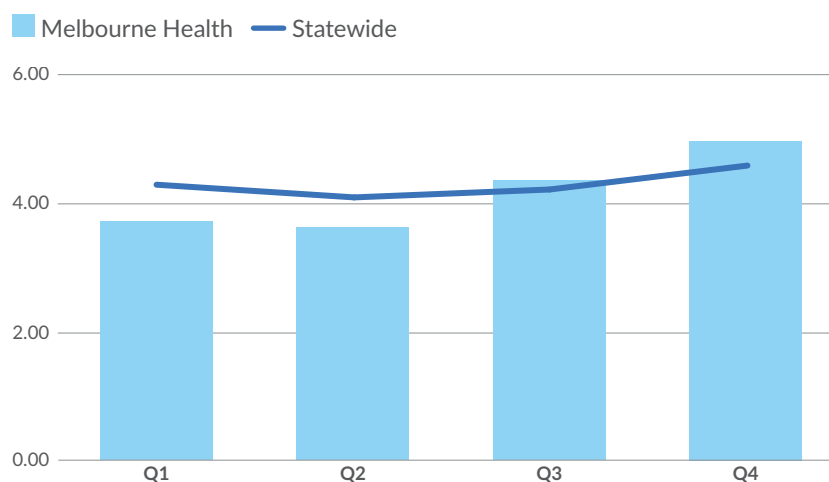
NUMBER OF PHYSICAL RESTRAINT DEVICES USED PER 1,000 BED DAYS 2014-2015

Physical restraints describe a range of devices and includes tilt chairs, bed rails and seat belts. Such devices are used in circumstances where there is a direct risk of the patient injuring themselves or others and such is to be kept to, a minimum wherever possible. The MH numbers for 2014/15 are above the statewide average and continue to reflect the needs of the patient population in specific MH high care residential services, particularly Gardenvue House. The use of physical restraint devices is regularly monitored and reviewed to determine both appropriateness and requirement of ongoing restraint.



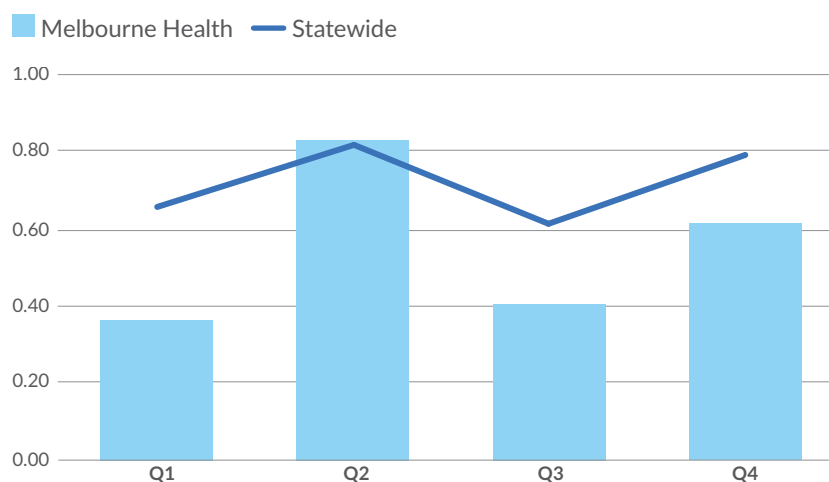
NUMBER OF RESIDENTS WHO ARE PRESCRIBED NINE OR MORE MEDICATIONS PER 1,000 BED DAYS 2014-2015


The number of MH residents prescribed nine or more medications reflects the high care and complex needs of residents across the range of residential services however only in Q4 registered above the state average. MH pharmacists review all prescribed medications to ensure best practice guidelines are followed as an increased number of medications for an individual resident can increase the risk of medication errors and subsequent harm.



NUMBER OF RESIDENTS WITH SIGNIFICANT WEIGHT LOSS PER 1,000 BED DAYS 2014-2015

Weight loss experienced by elderly patients in healthcare facilities generally, and more specifically, in residential aged care services has become an area of increased focus in terms of monitoring and prevention. The weight loss can be due to a combination of the patient's medical conditions and the type and quantity of food available. In 2014/15 at Melbourne Health the number of residents with significant weight loss registered below the state average for the 12 month period.





Associate Professor Andrew Symons teaching a University of Melbourne optometry student at UMEyeCare clinic.

THE RMH OPHTHALMOLOGY@UMEYECARE CLINIC

New partnership sees benefits for patients and students

A new partnership between The Royal Melbourne Hospital and the University of Melbourne is giving patients faster access to outpatient eye care.

As part of an historic agreement between the two institutions, The RMH Ophthalmology Clinic operates a weekly satellite service at UMEyeCare, the student training clinic run by the University's Department of Optometry and Vision Sciences (DOVS).

Associate Professor Andrew Symons, Head of Ophthalmology at RMH, said since the clinic opened, 149 patients have been seen who would have otherwise been on the waiting list.

"This initiative has dramatically reduced waiting times for clinic appointments and improved access to the hospital's outpatient service for patients requiring eye care," Associate Professor Symons said.

"Patients on the RMH ophthalmology waiting list who are deemed appropriate have the option of undergoing their initial assessments at the satellite service. Depending on the treatment required patients are booked into the appropriate procedures at the RMH."

The benefit of this collaboration has also extended to the next generation of eye care professionals as it provides University of Melbourne optometry students with opportunities to gain valuable clinical experience.

Daryl Guest, Clinic Director of UMEyeCare, said this was the first time in Australia an interdisciplinary clinic of this nature has been established at a university.

"A key benefit of the clinic is optometry students are working with ophthalmologists while still being in familiar surroundings.

"The students learn in a clinical setting about the progression of disease from an ophthalmological point of view. They will gain insights into when ophthalmological assessment and management is most appropriate in treating ocular diseases and experience first-hand how to work with ophthalmologists."

RMH Ophthalmology and DOVS have also engaged in conjoint research into adaptive optics in imaging microvascular retinal changes in disease and animal models of retinal disease.

The RMH Ophthalmology@UMEyeCare clinic operates every Friday.

OUR VISION

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

CARE

First in delivering safe and high quality care

RESEARCH

First in integrated evidence-based research into practice

LEARNING

First in developing our workforce and community

OUR VALUES

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

CARING

We treat everyone with kindness and compassion

EXCELLENCE

We are committed to learning and innovation

INTEGRITY

We are open, honest and fair

RESPECT

We treat everyone with respect and dignity at all times

UNITY

We work together for the benefit of all

OUR PRIORITIES

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

CARE AND OUTCOMES

Deliver outstanding care and outcomes

PATIENT AND CONSUMER EXPERIENCE

Partner with and empower our patients and consumers

INNOVATION AND TRANSFORMATION

Embrace innovative thinking in everything we do

WORKFORCE AND CULTURE

Enable our people to be the best they can be

COLLABORATION

Maximise the potential of our partnerships

SUSTAINABILITY

Be a recognised, respected and sustainable health service

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

The 2014/15 Quality of Care report has been produced in consultation with, and reviewed by our consumer representative Diane Steward from the Melbourne Health Community Advisory Committee.



