

2016/17

Quality Account



Western Health



Our Vision

Together, caring for the West
Our patients, staff, community
and environment.

Our Purpose

Leading the delivery of a
connected and consistent
patient experience and
providing the best care to save
and improve the lives of those
in our community most in need.

Acknowledgement of Traditional Owners:

Western Health respectfully acknowledges
the traditional owners of the land on which
its sites stand as the Boon Wurrung and the
Wurundjeri people of the greater Kulin Nation.



What we do on a typical day

657 patients cared for overnight

384 patients attend one of our three
emergency departments

572 patients see a doctor
in an outpatient clinic

336 patients are discharged

400 community providers partner
with us to provide care

23 different roles are carried out by our
volunteers, with two-thirds speaking
an additional language to English

150 patients require
interpreter services

2385 meals are served

15 babies are welcomed
into the world

74 surgical operations
take place

45 patients are visited at home by
our Hospital in the Home program

935 patients are seen by our Community
and Allied Health Services



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Foreword

At Western Health we are committed to high quality care that is safe, person-centred, right and co-ordinated – we are committed to Best Care. To provide Best Care for patients, we must put them first, listen to them and their families and constantly review, enhance and improve how we deliver care.

Our Quality Account outlines how Western Health – in partnership with our patients and their families; building on the strengths of our clinical and health support staff; and supported by managers, the Executive and the Board – continues to strive for our vision of Best Care.

Over the past twelve months, we have developed a Best Care Roadmap 2017-20 which supports us to progress from annually identified priority actions to improve person-centred, co-ordinated, safe and right care to a three year strategic action plan to improve clinical practice at the point of care and systems supporting Best Care.

Delivering Best Care within the complexity of our health system is not always easy. It requires people to be clear about what they need to achieve. It requires each of us to strive for excellent communication with our colleagues and with patients and their families; and it requires a commitment to wanting to achieve a high quality outcome even when we are busy and under significant pressure.

Our efforts to deliver Best Care are reflected in Western Health's selection as a finalist in the Large Health Service of the Year category for the 2016 Victorian Public Healthcare Awards. This is a major achievement and is a tribute to the hard work, skills, innovation, expertise and dedication of our staff, volunteers and board members.

At a State level the review of clinical governance highlights the ongoing need for an open and transparent culture. This approach reflects the

Western Health ethos, where the profile of our quality agenda is raised when concerns are presented and a group of experienced clinicians examine adverse outcomes in a safe and supportive environment. Review of this nature provides a clear opportunity to learn from any errors and to work on ways of continuously improving the quality and safety of the care we provide to our patients.

Our Quality Account is one means of reporting on matters of clinical significance to our patients and their families, as well as our staff and those who are considering joining our health service. This report is a companion document to our Annual Report and is available on our website at www.westernhealth.org.au.

At Western Health, we continuously strive to improve how we provide Best Care and your feedback is valuable to this process. You can leave feedback on any topic in one of the feedback boxes located at all Western Health sites or via our email address feedback@wh.org.au.



The Hon Bronwyn Pike
Board Chair



Mr Russell Harrison
*Acting Chief
Executive Officer*

About Western Health

Western Health (WH) manages three acute public Hospitals: Footscray Hospital, Sunshine Hospital and the Williamstown Hospital. It also operates the Sunbury Day Hospital and a transition care program at Hazeldean in Williamstown. A wide range of community based services are also managed by Western Health, along with a large Drug Health and addiction Medicine service.

Services are provided to the western region of Melbourne which has a population of approximately 800,000 people.

Western Health provides a comprehensive, integrated range of services from its various sites; ranging from acute tertiary services in areas of emergency medicine, intensive care, medical and surgical services, through to subacute care and specialist ambulatory clinics. Western Health provides a combination of hospital and community-based services to aged, adult and paediatric patients and newborn babies.

Employing more than 6,600 staff, Western Health has a strong philosophy of working with its local community to deliver excellence in patient care.

Western Health has long-standing relationships with health providers in the western region of Melbourne and strong affiliations with numerous colleges and academic institutions. We have academic partnerships with the University of Melbourne, Victoria University and Deakin University.

OUR COMMUNITY:

- is growing at an unprecedented rate
- is among the fastest growth corridors in Australia
- covers a total catchment area of 1,569 square kilometres
- has a population of approximately 800,000 people
- is ageing, with frailty becoming an increasing challenge to independent healthy living
- has high levels of cancer, heart disease, stroke and mental illness, with diabetes and depression also significant population health issues
- has a diverse social and economic status
- is one of the most culturally diverse communities in the State
- speaks more than 110 different languages/dialects
- provides a significant number of our staff
- has a strong history of working collaboratively with Western Health to deliver excellence in patient care.

Best Care at Western Health

OUR VISION FOR BEST CARE

At Western Health, our vision for outstanding patient care is that each of our patients receives 'Best Care' every time, everywhere. This means that we work together and in partnership with our patients to achieve the following goals for every patient:

PERSON-CENTRED CARE

"I am seen & treated as a person"

Person-centred care involves seeing the person in the patient & providing care that is welcoming, respectful & designed to engage patients in care decisions.

CO-ORDINATED CARE

"I receive help, treatment & information when I need it & in a co-ordinated way"

Co-ordinated care involves providing prompt access to patient services, with a smooth patient journey that is designed to optimise time to care through efficient services provision.

RIGHT CARE

"I receive care that makes me feel better"

Right Care involves providing appropriate, equitable & effective care for each person.

SAFE CARE

"I feel safe"

Safe Care involves the design & delivery of care & services to minimise the risk of patient harm.

For staff providing or supporting care, leading care and/or governing care, this involves continually focusing our behaviours and actions on these goals and developing organisation-wide systems to support Best Care.

The vision for Best Care at Western Health was developed in consultation with consumers and staff and is outlined in the following diagram.

Best Care at Western Health



Patients

TO RECEIVE BEST CARE...

It is important to my family and I that:

1. I am seen and treated as a person
2. I receive help, treatment and information when I need it & in a co-ordinated way
3. I receive care that makes me feel better
4. I feel safe



Front Line Staff

TO PROVIDE BEST CARE...

1. I communicate with patients and their families and am sensitive to their needs & preferences
2. I am an active team player and look for ways to do things better
3. I am confident in what I do and motivated to provide the best care and services possible
4. I keep patients from harm



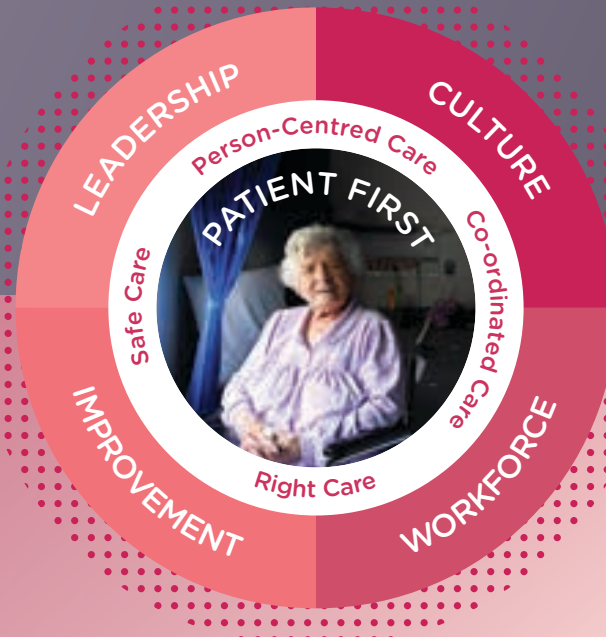
We will demonstrate the Western Health values in all that we do...
compassion, accountability, respect, excellence, safety



Managers & Senior Clinicians

TO LEAD BEST CARE...

1. I engage with and put patients first when making decisions
2. I look for ways to support staff to work efficiently and as part of a team
3. I guide, engage and support staff to provide best clinical care
4. I promote a culture of safety



Executive & Board

TO LEAD BEST CARE...

I oversee the development, implementation and ongoing improvement of organisation-wide systems supporting Best Care



Best Care Roadmap

In 2017, we developed a Best Care Roadmap in order to progress from annually identified priority actions to support Best Care to a three year strategic action plan to improve clinical practice and systems supporting Best Care.

Our Best Care Roadmap 2017-20 focuses on care from the perspective of our patients, and:

- Defines our approach to clinical governance by describing our vision for Best Care and setting out the behaviours, strategies and organisational systems needed to achieve this vision
- Promotes discussion with patients, front-line staff, managers, senior clinicians, executive and the Board about how to provide and continuously improve Best Care
- Sets a three year strategic action plan to improve clinical practice at the point of care, and systems supporting person-centred, co-ordinated, safe and right care.
- Informs priority action setting for Western Health's annual business plans.

Informing and supporting the implementation of our Best Care Roadmap is our engagement with the work of Safer Care Victoria, the Victorian Agency for Health Information, and Better Care Victoria. These state-wide agencies have been created in the last 12 months in response to the report Targeting Zero: supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care, and are supporting health services to provide the safest and best care possible to patients.

In 2017, WH was one of four Australian Health Services visited by a team representing the Australian Commission on Safety and Quality in Health Care ("the commission") to discuss our Best Care approach and specifically how we support person-centred care. This visit was part of a project by the Commission to identify and understand the key attributes that enable a healthcare organisation to deliver high quality person-centred care. The review builds on the Commission's ongoing program of work to advance person-centred care in Australia.

We are also engaged in a research project with LaTrobe University and 'Qualityworks' to determine if and how the implementation of a strategic quality system following a defined framework (such as Best Care at Western Health) results in better quality of care outcomes and staff engagement in improvement.



Showcasing Best Care

In support of continual engagement of our frontline staff in Best Care, we held our second Best Care Forum in March 2017.

The forum showcased 52 individual presentations, six patient stories and four keynote speakers. A highlight was the Patient Story presentations and the opportunity to ask patients questions about their experience.

The Forum involved three days of presentations, attended by hundreds of staff.

Chief Executive A/Prof Alex Cockram said the Best Care Forum demonstrated the initiative and drive of Western Health staff.

“The presented programs are making a difference where it counts – in the lives and care of our patients,” she said.

The final day of the Best Care Forum also included a panel discussion between A/Prof Cockram, A/Prof Liam Smith from BehaviourWorks Australia, Prof Ian McLoughlin from Monash ARC Research and Better Care Victoria's Rebecca McTernan.

Best Care Forum presenter A/Prof Glyn Teale with Chief Executive Officer, A/Prof Alex Cockram

Sharing a story of Best Care

Sharon and Mark Newall shared their best care story in 2017
as part of a Valentine's Day feature.

Sharon's Valentine Day story dates back to 2013, the day she met Western Health physiotherapist Angus Campbell, the man she credits with helping her to walk again.

In December 2012 Sharon suffered a stroke and was rushed to Footscray Hospital after a quick thinking Mark recognised the signs. "Her speech was slurred, she couldn't smile and she couldn't lift both of her arms above her head," Mark recalls.

"I'd seen the poster informing people of the warning signs of a stroke and I knew straight away what was going on."

After driving Sharon to the Footscray Hospital Emergency Department, Mark rushed inside to seek help but by the time he and the medical staff got back to the car, Sharon was unresponsive. With the help of a nearby ambulance officer, Sharon was pulled from the car and staff commenced CPR. Once stabilised, Sharon was taken into surgery where it was discovered that an ulcer the size of a golf ball had burst in her stomach, causing her organs to shut down and a lack of blood supply to her brain.

The mother of two spent the following three weeks with a gastric feeding tube and tracheotomy to aid her breathing and was barely able to move. During that time, she had three stints in ICU and two code blues called after she became unresponsive.

Three weeks after Sharon was admitted to Footscray Hospital her gastric feeding tube and tracheotomy were removed and she was moved to a ward as she slowly started to show signs of improvement.

On Valentine's Day 2013, Sharon was moved to the Rehabilitation Ward at Sunshine Hospital to begin the long process of learning to walk again. Sharon, who was born with Cerebral Palsy, was determined to regain her independence. "I can still remember the day I stood solo for the first time. It might not seem like a big deal to most, but to me it meant the world", Sharon said.

Sharon was discharged from hospital exactly 100 days after she suffered the stroke and continued with her rehabilitation.

Just before Christmas 2016, Sharon's hard work and determination paid off as she started to walk again unaided. Sharon paid an emotional visit to Sunshine Hospital in early 2017 to show Angus, that thanks to his unwavering support in the early stages of her rehab, she can now walk again. "I wasn't your average patient because I don't walk like most people do, so he took the time to listen to what worked for me," Sharon said.

Both Sharon and Mark are full of praise for the staff who cared for Sharon. Mark estimates over 400 staff played a part in Sharon's care at Western Health. "The staff were fantastic and we go back in to see them whenever we can," Sharon said. "It's like going back home to your family."



Sharon and Mark Newall

Creating a Positive Workplace Culture to support Best Care

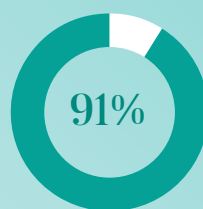
We provide our staff with the opportunity to have their say on a wide range of matters that relate to Western Health as a safe and productive workplace through participation in the statewide People Matter Survey.

A record 42% of our staff completed the 2016 People Matter Survey, following a concerted effort to generate as high a rate of completion as possible.

The overall results of the 2016 People Matter Survey were very positive and helped to inform a significant amount of work over the past year to drive a positive workplace for our staff and volunteers.

We developed a Positive Workplace Strategy and invited the 2016 Australian of the Year, Lt Gen David Morrison AO (ret'd) to Sunshine Hospital in August, to lead an interactive discussion with our senior medical staff. David Morrison received the Australian of the Year award in recognition of his leadership on issues related to gender diversity and his response to bullying and harassment within the armed forces. His quote "The standard you walk past is the standard you expect" inspired our Positive Workplace Strategy theme "Don't Walk Past".

Our initial focus was on the issues of bullying and harassment within the medical profession and a Medical Advisory Committee was established to provide high level advice to the CEO and Executive.



of our staff completing the People Matter Survey said they would recommend a friend or relative to be treated as a patient here

In October, we held a Positive Workplace Day and encouraged staff and volunteers across all sites to contribute their thoughts and views on how to make Western Health a more positive workplace.

To provide an effective and formal framework for the management of bullying and harassment concerns, we also resourced the development of a detailed manual called EMPOWIR, which will now be rolled out across Western Health.

Joy Turner, Director of Nursing, Footscray Hospital, participating in Western Health's Positive Workplace Day



Accreditation

Building on the success of an organisation-wide accreditation survey in March 2016, Western Health has continued to strengthen and improve performance against the National Safety and Quality Health Service (NSQHS) Standards and is well placed for a periodic review against these and mandatory EQUIP National Standards in November 2017.

Examples of improvement activity undertaken to strengthen Western Health's compliance with NSQHS Standards are covered in the sections of this Report dedicated to reporting against the dimension of Person-Centred Care, Co-ordinated Care, Right Care and Safe Care.

Work has also been undertaken over the past twelve months to address nine minor recommendations identified at the March 2016 accreditation survey, covering:

Assurance of consistent compliance with the cleaning of shared ward equipment

We have revised our processes to more clearly outline shared ward equipment cleaning processes and staff responsibilities; implemented new labeling to distinguish *cleaned and disinfected* equipment; and completed modifications to our clinical equipment storerooms, with clearer demarcation of receiving and distribution areas.

Determining a process to capture associated certification of immunisation status of staff

Over the past twelve months we have further developed our established pre-employment program by simplifying our staff immunisation screening form, introducing follow-up phone calls to staff before their commencement day if they have submitted incomplete or unknown immunisation status, and implementing a staff immunisation clinic.

Completion of the replacement of worn carpet and vinyl at various sites

Our program of replacement of worn carpet and vinyl is complete in all but the new retail precinct area of Sunshine Hospital. This will be completed by the end of 2017.

Mobilisation of the 'Call for Help Program' to support patient engagement in the identification of deteriorating patients

The Western Health *Call for Help* Program was implemented between November 2016 and February 2017. The Call for Help response works in parallel to traditional clinician activated Rapid Response Services. If patients or their family and friends notice something has changed or is 'not quite right' and feel worried, their Call for Help will be directed to someone who can assist. More information on this program is included in the section of this Report on Safe Care.

Continued drive to redevelop Footscray Hospital

In May 2017, the Victorian State Government announced that they have committed to rebuild Footscray Hospital. Money was allocated in the 2017/18 state budget for the planning stage. Further information on this development is included in the section of this Report on Right Care.

External review of fire safety systems in line with DHHS Guidelines

At May 2016 accreditation survey, we were working with the Fire Risk Management Unit of the Department of Health and Human Services (DHHS) to develop new fire inspection guidelines. This work has now been completed, with inspections of our hospitals undertaken against the new guidelines.



PERSON-CENTRED CARE

“I am seen and treated as a person”

Person-Centred Care involves seeing the person in the patient and providing care that is welcoming, respectful and designed to engage patients in care decisions and management of care.

This section focuses on activities and achievements that support improved outcomes under the Best Care dimension of Person-Centred Care.

Seeing Care from the Patient Perspective

To be able to provide Best Care, we must be able to see care from the perspective of our patients, their families and the community we serve. To be able to do this we provide a range of avenues for consumers to provide their feedback on their experience as a patient of Western Health and share their thoughts on new or improved ways in which we can provide person-centred, co-ordinated, safe and right care.



Fill out a feedback form and put it in the feedback boxes



Talk to a staff member or volunteer



Leave a voice message on 1800 31 96 31



Ask to speak to the patient representative



Email us at: feedback@wh.org.au



Fill in a patient experience survey if selected through the Victorian Health Experience Survey process



Join our Consumer Register and be invited to consumer forums and onto hospital committees which review and improve care



Share your patient experience if approached by staff as part of our Patient Story Program & co-design improvement initiatives



Join the conversation by attending our publically advertised open access board forums

COMPLAINTS MANAGEMENT

Western Health is committed to best practice in complaints management and patient advocacy. One full-time and three part-time Patient Representatives provide a comprehensive complaints and advocacy service across Western Health, assisting patients, relatives, friends or appointed representatives and consumer groups in the complaints resolution process.

Western Health recognises that good complaint management is important because it provides an opportunity for people to voice their concerns, promotes patient satisfaction, and provides feedback from which the organisation can learn.

Complaint data informs the development of a monthly Patient Experience Dashboard.

PATIENT EXPERIENCE DASHBOARD

In order to create awareness and actions from the information we receive from our various patient feedback channels, we maintain a Patient Experience Dashboard. The Dashboard brings together data received from our compliments and complaints system, the Victorian Health Experience Survey, inpatient surveys collected by our volunteers, and feedback received directly through our white feedback boxes and from patients themselves.

Our Best Care Committees analyse the dashboard data and develop action plans to address key themes, and learn from the experiences of our patients and their families. Data is also used to inform the themes for consumer forums, such as our annual “If Patients Ran Our Hospital” forum.

CONSUMER REGISTER

We currently have 119 consumers on the Western Health Consumer Register, including 25 who are consumer representatives on key committees within our health service. For example there are consumers on our Board Quality and Safety Committee, each of our Best Care Committees and clinical committees such as infection control and pressure injury management.

Consumers on the Register are an invaluable resource to contribute to our discussions on the review and improvement of Best Care.

Each year, we send out an invitation to consumers on our Register and our Volunteers to attend a forum with Board Directors and Executives called “If Patients Ran Our Hospital”.

Forty-three consumers joined the Board and Executive for the November 2016 forum, with 97% of attendees responding that they thought their opportunity to contribute to discussions or share their thoughts was good or excellent.



119

people on our Consumer Register support the review & improvement of care at Western Health

Discussion at this forum has helped inform the development of “Moments that Matter” Strategic actions within Western Health’s newly developed Best Care Roadmap; notably the organisational roll-out of programs supporting compassionate patient communication. Over the next twelve months, this will involve:

- Evaluation of a pilot for our ‘Communicating with CARES’ program and planning for an organisation-wide roll out of this initiative. CARES stands for Western Health’s values of Compassion, Accountability, Respect, Excellence and Safety. The program is designed to assist staff to improve compassionate and empathetic communication with patients and colleagues. It has been piloted in our Outpatient and Allied Health Areas.
- Re-energise our “Hello My Name is” program and build it into our orientation and education programs. This program is designed to reinforce the important message of introducing ourselves to patients, explaining our role in their care and answering questions.
- Completing research on the methods we can use to keep our hospitals as quiet as possible to provide a better environment of care for our patients.

OPEN ACCESS BOARD FORUMS

Each year Western Health publically advertises an open access board forum for consumers/ community members on a focus area within our annual Western Health Business Plan. This forum is advertised via our local newspapers and within our health service. The theme for the 2017 forum was the patient experience within our emergency departments. Discussion at this forum validated and informed a number of strategies developed to improve the patient experience in Western Health’s Emergency Departments, including introducing large LCD screens to provide estimated waiting times and communication in several languages in relation to frequently asked questions at triage. Further information on this forum and care in our Emergency Departments can be found in the Co-ordinated Care Section of this Report.

PATIENT STORY PROGRAM

Over the past year, we have continued to roll out our Patient Story Program to provide examples of how we get it right as well as how we need to improve. The use of the Patient Story is now embedded across the organisation, with stories shared at Board level, governance committees and within local services.

Our Patient Stories have been used to inform and educate staff on initiatives such as introducing a “Call for Help” program designed to support patients and carers to call for assistance when they are concerned that there has been a deterioration in their medical condition. Further information on the “Call for Help” program can be found in the Safe Care section of this Report.

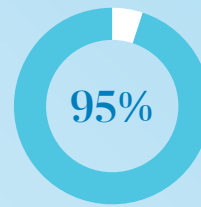
VICTORIAN HEALTH EXPERIENCE SURVEY

The Victorian Health Experience Survey (VHES) is a statewide survey of people's experience of receiving health care in Victorian public hospitals. The survey is sent to a random selection of patients one month after leaving hospital. Responses are collected by an independent company contracted by the State Government and are totally anonymous.

Data from the survey is collected and health services provided with scores on a range of measures of patient experience.

We use overall patient care ratings from the survey as part of a monthly 'organisational health' performance dashboard presented to the Board and incorporate ratings within our monthly Patient Experience Dashboard referenced earlier in this section of the Report.

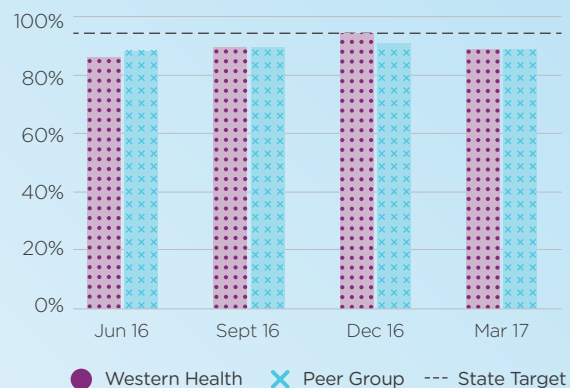
The following graph shows the VHES overall experience ratings for patients discharged from our adult inpatient wards from June 2016 – March 2017. As the graph shows, satisfaction ratings were inconsistent in the four reporting periods. Satisfaction levels rose to all time high of 95% in the Oct-Dec 2016 reporting period but dropped to 88% in the Jan-Mar 2017 period.



of patients were satisfied with care at Western Health in Oct-Dec 2016, but this rate has fluctuated over the past year

The Co-ordinated Care section of this Report describes strategies against two areas where VHES results show we can improve the patient experience: timeliness of patient care and support for patients on discharge from our hospitals.

Overall, how would you rate the care you received while in hospital (% of patients rating good or very good)



Responding to our Diverse Community

An important aspect of providing Person-Centred Care is understanding the people for whom we care. Western Health places a high priority on knowing the local community, respecting its diversity and responding to the health needs of the disadvantaged.

CULTURAL DIVERSITY AND COMMUNITY ADVISORY COMMITTEE

In recognition of our diverse population, WH supports a Board level Community Advisory and Cultural Diversity Committee (CDCAC). While members of this Committee are appointed as individuals, they cover a range of different backgrounds and are recruited because of their strong connections back to their community and their ability to provide a broader consumer perspective.

SUPPORTING LANGUAGE NEEDS

The use of interpreters, where required, in the care of our patients is a crucial part of the provision of best care. By using interpreters at critical moments in a patient's journey, we can reduce the risk of miscommunication and improve the patient experience.

Western Health's Interpreter Services Department has developed a range of resources to assist clinicians identify and communicate when an interpreter is needed and how to contact interpreter services.

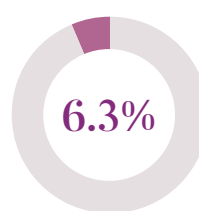
This is underpinned by a set of new *Interpreter Minimum Requirements for Use with Inpatients*.

Developed by Western Health, these guidelines outline three key points of care when interpreters must be used for inpatients:

- Admission (or within 24 hours of admission)
- When obtaining consent and/or verifying a management plan
- Discharge

Other moments during a patient's admission where the use of an interpreter is highly recommended are assessment, treatment, providing education, for patient questions and on patient request.

Resources developed include new patient information system alerts, a new fax booking request form, stickers identifying the need for an interpreter for placement at the patient bedside and in the medical record and carers with interpreter contact details which fit into current staff ID badge holders. Posters showing the minimum requirements are displayed on wards.



more inpatients now have an interpreter available to support their language needs

Western Health held its first Interpreter Awareness Week in August 2016 and developed a new suite of six We-Learn (online education) modules to support awareness and use of interpreter services.

Since the inception of the new Interpreter Service resources, there has been an increase from 2.7% to 9% of total inpatients having an interpreter. In the month of June 2017, this percentage reached 11%. This draws us significantly closer to supporting the language needs of the approximately 18% of inpatients who identify as speaking languages other than English.

In addition, 100% of patients requiring an interpreter now have a visual alert within their medical record and at their bedside, whilst 750 WH staff have participated in face-to-face education sessions, now a mandated orientation session. Knowledge and awareness of interpreting services has grown and booking and confirmation processes have improved. Promotion of the service to patients has increased through direct information sharing, questioning of interpreter needs, and education. All staff now wear quick reference lanyard guides to support interpreter awareness and booking processes.

CALD Assist giving voice to patients after iTunes release

An innovative app developed by Western Health to help allied health professionals better communicate with non-English speaking patients is now available on iTunes.

Nine years after Western Health Speech Pathologist Courtney Pocock developed its first prototype – in the form of flash cards and audiotapes – the CALD Assist app is now available to all dieticians, occupational therapists, physiotherapists, podiatrists and speech pathologists. And it is free.

The app, developed in partnership with CSIRO, uses a series of words, pictures, audio and video to facilitate communication between clinicians and patients.

The app has translations for 116 simple phrases, such as “do you need glasses?” and “may I listen to your breathing?”, in 10 languages commonly spoken at Western Health – Arabic, Croatian, Italian, Mandarin, Spanish, Cantonese, Greek, Macedonian, Serbian and Vietnamese.

Ms Pocock, who has played a key role throughout the development of the app, emphasized that CALD Assist was not meant to replace Western Health’s interpreting service, but rather help speed up initial assessments before interpreters were available.

An updated version of CALD (Culturally and Linguistically Diverse) Assist for nurses is due to be released in late 2017.

*Speech Pathologist
Courtney Pocock*





*Western Health staff and consumers
at the 2017 Midsummer Pride March*

LESBIAN, GAY, BISEXUAL AND TRANSGENDER AND INTERSEX COMMUNITIES – INCLUSIVE PRACTICE

Creating an environment where all diversity including gender and sexuality is accepted is important for the health and wellbeing of Western Health patients, staff and visitors.

In late 2016 Western Health formed a Gay Lesbian Bisexual Transgender and Intersex (LGBTI) working group to develop a 2017-20 Western Health LGBTI inclusion plan. The working group consisted of 18 staff members and a consumer representative. The consumer representative is also a Cultural Diversity & Community Advisory member and reports back to the committee.

The membership of the group had connections with external stakeholders such as Gay and Lesbian Health Victoria and the Victorian Aids Council. In the first year of the plan Western Health has reviewed eight policies and procedures ensuring they are LGBTI inclusive, created an intranet resource for staff, celebrated International Day Against Homophobia, Biphobia and Transphobia and marched as an organisation in the 2017 Midsummer Pride March.

We also administered a needs analysis survey to measure attitude, behaviour and knowledge amongst staff of LGBTI issues. The Survey results will inform our LGBTI inclusiveness staff education.



Rosemary Madden's story

Two years ago Rosemary attended a Western Health Open Access board meeting. She asked what Western Health was doing to ensure that Lesbian Gay Bisexual Transgender and Intersex (LGBTI) patients and their families felt included.

"The next thing I know I'm on the Cultural Diversity and Community Advisory Committee. Like any community the LGBTI community is diverse and I don't attempt to speak for others, but applying a gender diverse lens to discussions ensures that Western Health makes decisions that are inclusive."

When Rosemary's partner presented to Western Health last year a nurse asked Rosemary if they were work colleagues. "No she's my partner" Rosemary replied. Politely the nurse said "Oh ok I'm sorry and continued on".

"While this might seem like an innocent harmless comment and I believe it was, it's like every time you meet someone new you have to "come out " all over again. LGBTI people can feel like they don't fit into a system like hospitals which have so many binary labels and distinctions like, male, female, Mr and Mrs."

Rosemary has been a strong advocate on the Committee for Western Health to complete the Rainbow Tick accreditation. This year we have begun that process and we have set up an LGBTI working group.



IMPROVING CARE FOR ABORIGINAL PEOPLE

Western Health acknowledges that Aboriginal Victorians experience poorer health and lower life expectancy than the wider community. We are committed to addressing this by implementing the key result areas of the Victorian Government's Improving Care for Aboriginal and Torres Strait Islander Patients Program. To demonstrate the provision of quality care for Aboriginal and Torres Strait Islander patients, health services are required to report progress against four key result areas. Western Health's key achievements over the past year in each of these areas are outlined below.

Organisational Development

Our Aboriginal Health Roadmap 2015-18 reinforces that Aboriginal Health remains core business at Western Health and sets out our commitment to becoming a leader in Aboriginal and Torres Strait Islander Health by providing a culturally respectful, high quality, safe, collaborative and holistic health care organisation. A yearly Roadmap Action Plan detailing initiatives to support our commitment is developed and implemented.

Aboriginal Cultural Appreciation Training continues to be delivered to staff by Girraway Ganyi Consultancy and focuses on the cultural competency of our workforce. Our Aboriginal Health Unit (AHU) staff also attend junior doctor lectures to provide information about the roles and responsibilities of the Unit together with case studies. Western Health senior staff, together with the AHU staff, attended a production of 'Coranderrk' run by Ilbjerri Theatre and hosted by Footscray City Arts. This production provided history of the people of Coranderrk Aboriginal Reserve and the self-determination they had pioneered for themselves.

Daily inpatient reports of Aboriginal and Torres Strait Islander patients admitted across our hospitals are faxed to the AHU along with Drug Health Services.

Engagement and Partnerships

Annual Welcome to Country and smoking ceremonies conducted by Wurundjeri and Boonwurrung Elders have been conducted at events held at Western Health hospitals including Reconciliation Week, NAIDOC Week and National Volunteer Week.

Western Health's Aboriginal Health Steering Committee convenes quarterly with clear representation from the community and members who reflect the particular needs and interests of the Aboriginal community.

Aboriginal patients and families contact the Aboriginal Health Unit to discuss and address formal complaints and compliments. The AHU has revised the complaints flow chart and recording mechanisms to ensure information is actioned and used to improve delivery of healthcare.

The Remote Area Health Corp (RAHC) partnership with Western Health has continued, with a Memorandum of Understanding (MoU) developed. This partnership places nurses and now midwives in remote Northern Territory for six-week secondments.

The AHU has partnered with Women's Health West, Breastscreen Victoria to provide and promote breast screening in a culturally safe environment. A number of Aboriginal and Torres Strait Islander patients attended Western Health for education and screening, with survey and consultation findings highlighting barriers to engagement in breast screening.

Phase two of this project has commenced to improve Aboriginal women's health and increase breast screening rates, with a strong focus on respecting the dignity of women and their choices. In a 'first of its kind' in Australia, a sarong with Aboriginal design will be developed to be worn during mammogram.

Western Health has supported and participated in a 'Health Happy Deadly Event' held by Sunbury Community Health to engage Aboriginal people in Sunbury and surrounds to create a stronger sense of community while promoting healthy lifestyles. We provided employment and health brochures, blood pressure checks and showbags.



We have also collaborated with two consortiums funded by the Department of Health and Human Services' Koolin Balit grant program in response to the needs of Aboriginal children and families: 1. Babaneed Booboop Project (Melton) and 2. Footprints for Success - Aboriginal kids and Families in the West. Both projects aim to support and increase the capacity of families/ carers to improve child health and development; increase access and engagement of Aboriginal children and families to culturally safe and appropriate health, early years and family support programs; and improve the integration and co-ordination of health, early years and family support services. Key workers have been employed and are working closely with the Aboriginal Health Unit to co-ordinate care.

Systems of Care

Staff continue to be supported to ask and record "Are you of Aboriginal or Torres Strait Islander Origin?" through in-service training and resources specifically developed for Western Health, including mouse pads, stickers and cards to be used as prompts.

The Aboriginal Health Unit - Koori Maternity Services has employed an Aboriginal Midwife who oversees this service with our Maternity Group Practice (MGP) Team Leader. Both have attended MGP meetings for referral process to the Aboriginal Health Unit. There has been a significant increase in referrals, especially engagement earlier in pregnancy, through to birth and 8 weeks post birth in the home and out in the community.

Western Health, in partnership and collaboration with lead agency La Trobe University and other health services across Victoria, has commenced a project to help address and implement continuity of midwifery care for Aboriginal women and women birthing Aboriginal babies called 'caseload model of care'. Although we currently offer caseload midwifery care, we are now having a more targeted approach to implement and improve the patient journey and clinical care outcomes by recruiting midwives into our new model called 'Galinjera' caseload midwifery (Galinjera is a Wamba word meaning 'to connect with one another').

The Aboriginal Health Unit - Koori Maternity Services has developed a resource folder with culturally appropriate community organisations as well as additional training required to access when recruited to Galinjera caseload.

Workforce Development

Aboriginal Hospital Liaison Staff receive regular supervision with social work and monthly with the Aboriginal Health Unit Manager to ensure they receive professional and cultural support. Western Health Aboriginal Network meetings are held quarterly, inviting all WH Aboriginal staff for further support and training and are facilitated by the Aboriginal Health Unit Manager.

We have refreshed our Aboriginal Employment Plan to drive the work over the next three years and have developed an Aboriginal employment webpage which has various resources including an employment brochure, recruitment video, employee profiles, applicant toolkit, information about our Aboriginal Recruitment and Mentoring Program and much more. We also supported and participated in the Indigenous Employment and Careers Expo.

An Aboriginal Recruitment and Mentoring Program (ARaMP) has been implemented, as well as traineeships in health administration and a Nursing Cadetship program, both supported by the Department of Health and Human Services. In addition, an Indigenous School Based Traineeship program (SBAT) in Business in partnership with WPC Group Ltd will offer 4 positions across the Western Health network for Aboriginal and Torres Strait Islander students in years 10 and 11.



Aboriginal Cadet Program welcomes new Nursing Students

Western Health's current – and future – indigenous workforce is being boosted with its Aboriginal Nursing Cadetship program.

Now in its second year, the program offers up to 40 paid shifts a year for indigenous students in the second or third year of their nursing degrees.

This year's cadets, Sharna Clarke, Rebecca Cradock and Zoeann Raymond, will work in wards at the Williamstown, Sunshine and Footscray Hospitals.

The cadets will create professional networks and increase their nursing skills, so when they finish their degrees, they will have a better chance of getting a graduate position

The Cadets work as nursing assistants, with roles including helping patients to wash, dress, toilet, eat and move safely.

Shifts are designed to be flexible, working around university classes and placements.

Sharna Clarke, 21, said she had always been passionate about health and wellbeing generally, and was very concerned by the higher mortality and morbidity rates of the indigenous population.

"My family has been affected by those statistics as well, so I want to help better that", said Ms Clarke, who is in her third year of nursing at Victoria University.

Rebecca Cradock, 39, said her nursing degree at Deakin University's institute of Koorie Education, as well as the Western Health cadetship, had given her another shot at her dream career. The mum-of-three had put family first – and nursing on the back burner – when she fell pregnant with her first child.

"It's taken me 17 years to get here, but I have always wanted to give back, Ms Cradock said. "What better way to do that than by helping the sick and the vulnerable as a nurse."



New nursing cadets Rebecca Cradock and Shama Clarke at Williamstown Hospital.

IMPROVING CARE FOR PATIENTS WITH DISABILITIES

Best Care is about improving the experience for all of our patients, regardless of their particular background, age, gender and abilities. Western Health is committed to understanding the experiences and needs of people with a disability.

In last year's Quality Account, we noted that Western Health and Dental Health Services Victoria had established a specialist dental service for patients with an intellectual disability and other complex medical conditions; the only service of its kind in Victoria.

40 patients with special needs have now received dental services, a group who have faced great difficulty in accessing services

Over 40 patients have now been treated by this service; patients who would otherwise not have received timely dental care. Feedback from parents and carers has been very appreciative of the compassionate, quality care provided by this program.



The special needs dental service was born out of the need to treat patients with intellectual disability and complex medical conditions in an appropriate theatre facility. Although only a small fraction of these patients may need to be admitted overnight after their treatment, their need is great. Patients requiring this type of service have specific requirements for care, relating to physical, medical, psychiatric or psychological conditions. They may be unwilling or unable to have routine dental treatment, and may not be capable of tolerating routine medical and dental care interventions. Healthcare providers may find it difficult to comprehensively assess the patients before, and after, treatment and general anesthesia.

Western Health is able to provide treatment at hospitals with medical service backup availability and the option of overnight admission. The special needs dental service opens a care pathway to a group who have faced inordinate difficulties in accessing services.

Family members and carers have been instrumental in reducing stress and anxiety for our special needs patients. They have provided valuable information about how best to keep the patient calm, whether by avoiding certain stressful triggers or employing communication or actions that will reassure and subdue. If an overnight admission is required, arrangements are made for a parent or carer to stay with the patient.

Debra, the mother of special needs patient Flynn said "Parents of special needs offspring have enough to cope with without having to battle long and hard for even basic dental needs. We are so pleased that this partnership between Dental Health Services Victoria and Western Health is available for families like us."

The service has recently expanded to provide care for Aboriginal and Torres Strait Islander patients.

Williamstown Hospital team supporting the special needs dental service

Person-Centred Assessment and Care Planning

Over the past year, Western Health has continued its focus on getting the fundamentals of patient assessment and care planning right and doing this in a way that engages and supports patients.

PATIENT ASSESSMENT AND PLANNING TOOLS

Timely risk screening and assessment is essential in supporting care planning, discharge planning and patient flow.

Over the past 12 months, we have embedded the use of the newly developed, integrated patient risk assessment tool (reported upon in last year's Quality Account) into our daily care practices.

This tool includes assessment for falls risk, pressure injury risk, incontinence risk, cognition/delirium risk and nutrition risk and is now completed on a daily basis by nursing staff within 4 hours of patients being admitted to a ward.

We conduct bedside compliance audits of the use of the tool. This identifies if we need to do any quality activities to improve the results. The 2017 audits demonstrated 94% compliance across Western Health with the use of the risk screening, assessment and management tool. A Day Risk Screening Assessment Tool is used for day patients likely to stay more than 2 hours in our Medical Ambulatory Day Unit, Day Oncology and Dialysis. The Patient Risk Screening Assessment and Management Tool is also used for patients in the Emergency Department who are likely to stay 4 hours or more.

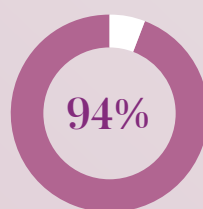
An assessment and discharge planning tool is commenced within 4 hours of admission to the wards by nursing staff, with patients and carers being key partners in this process. Patient needs and goals are identified as part of the admission assessment which prompts early referrals to multi-disciplinary or specialty teams.

Referrals are made to inpatient specialist and allied health services for at risk patients. For example patients at risk of falling are assessed by physiotherapists.

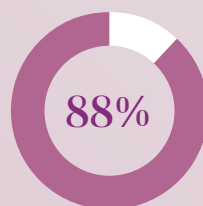
Community Service referrals are made via a centralised e-referral system and then triaged and allocated to the most appropriate service based on the patient's rehabilitation care needs following discharge.

Bedside audit results from 2017 demonstrated 88% of patients had the admission and discharge planning tool commenced within 24 hours of admission to the current clinical area.

Interest in our integrated approach to risk assessment and care planning has seen Western Health involved in consultations regarding the new National Safety and Quality Health Service Standard on *Comprehensive Care*.



of patients have had a risk screening, assessment & management tool completed



of patients have had an admission & discharge planning tool commenced within 24 hours of admission

NUTRITION MANAGEMENT

A Nutritional Advisory Working Group has formed and supports the progressive implementation of a nutrition management improvement program across all Western Health high risk wards.

There are 4 key programs which have been the current focus of work including the Volunteer Meals Assistance Program (VMAP), Red Domes (covers on pates signaling assistance required with meals), Malnutrition Screening, Communal Dining and compliance with Fasting Procedures.

These programs have supported a pleasing improvement in patients' food intake, with an improved patient mealtime experience reflected in our highest recorded patient satisfaction rate of 82.9% of patients saying they received enough help from staff to eat their meals in December 2016 (source: Victorian Health Experience Survey).

Audits on the weighing of patients continue to show fluctuating compliance across the organisation and will be a focus for the Working Group and the Nurse Ward Champions. The Western Health Malnutrition Screening Tool (MST) is being well used, with the January 2017 bedside audit showing 86% compliance.

VOLUNTEER MEAL ASSISTANCE PROGRAM

We are extremely proud of our 650-strong volunteer program at Western Health. We have a great support team and our volunteers make a measurable difference for many patients every day.

Our volunteers drive our very popular Volunteer Meals Assistance Program (VMAP). This program involves the engagement of our Volunteers to help patients open food and drink containers, butter bread and provide social interaction, with a strong emphasis on encouraging patients' food intake.

Western Health commenced VMAP in 2015 at Williamstown Hospital. Following success at this site, the program has been rolled out at Footscray and Sunshine

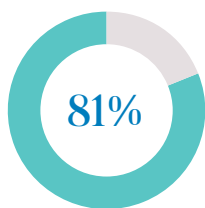


Growth and Nutrition Clinic giving kids appetite for life

The lives of more than 50 children have been transformed thanks to a Western Health program that teaches them to eat after prolonged periods on tube feeding.

The program, led by paediatric emergency physician Dr Lisa Barrow, is the only public service of its kind in Australia.

Ralf, Lukas and Irene Rosenbaum



of patients needing assistance with their meals have had help through the volunteer assistance program

Hospitals. It is currently operating in nine wards across three sites, with the assistance of 90 volunteers.

As a result of this program, over 24,000 interactions between patients and volunteers have occurred and the percentage of patients receiving assistance with their meals has increased from 45% to 81%.

The program has now extended to include our non-clinical staff as volunteers to assist patients with their food. This is to encourage the concept of corporate volunteering within Western Health and to increase opportunities for senior leaders and managers to experience volunteering. The program also offers these staff the opportunity to experience an area of care outside of their usual day to day activities. Training has concluded, with corporate volunteering to support VMAP commencing in July 2017.

This year the Western Health Volunteer department was invited to present at The Power of Association 2017 State Conference of Volunteering Victoria. They presented the volunteering program at Western Health and profiled the Volunteer Meals Assistance Program.

Corporate VMAP volunteers Debbie and Ashela from Finance have undertaken the training and have commenced their shifts, with Coordinator of Volunteers at Footscray, Michelle Dellios.



Among the success stories from Sunshine Hospital's Growth and Nutrition Clinic is Lukas Rosenbaum, who was diagnosed with a high-grade tumour when he was 2.5 years old.

His tough treatment regimen included surgery, 18 months of chemotherapy, and radiotherapy.

While the treatment so far appears to have been successful, Lukas, now 7, was left with a severe aversion to food. After more than a year struggling to keep his meals down, he completely stopped eating and drank only water.

"The chemo was quite brutal", Lukas' mother, Irene Rosenbaum explained. "It pretty much knocked him out. He stopped eating, lost a lot of weight, was very fatigued and pretty much vomited most of his way through it".

While in hospital Lukas had a nasogastric tube, and then – for more than two years at home – a PEG (percutaneous endoscopic gastrostomy) feeding tube.

50

children have had their lives transformed by a program that teaches them to eat after prolonged periods on tube feeding

Mr Rosenbaum said she and her husband Ralf "tried everything" to encourage Lukas to eat. It was only after they were referred to Dr Barrow they had a breakthrough.

"We had total faith in Lisa because she had a plan, and that was what we'd been missing," Mrs Rosenbaum said.

Within three weeks of joining the program and having his PEG removed, Lukas was "taking in enough" to sustain himself. His diet continues to expand.

The Western Health program helps wean a wide range of paediatric patients from tube feeding, including premature babies, and children with conditions as varied as autism, congenital heart defects and metabolic disorders.

PREVENTING FALLS AND HARM FROM FALLS

There are many reasons a patient may be at risk of sustaining a fall while in hospital. These can include their age and level of frailty, type of medication they are on, the physical layout of the ward environment, access to toilets, the equipment being used to care for them or simply being unwell.

We benchmark our incidence of falls acquired in hospital with other health services through our membership to the Health Roundtable. The Health Roundtable are a non-profit membership organisation of health services across Australia and New Zealand which collects, analyses and publishes information comparing organisations.

As demonstrated in the graph below, in 2016/17 our risk adjusted rate of inpatient falls at Footscray and Sunshine was below the median rate of other health services in the HealthRoundtable. For both hospitals, there was an improvement on the 2015/16 rate.

Over 2016/17, we had twenty-one patients who had a fracture or closed head injury following a fall. As part of routine practice for these type of events, each case had an indepth review with ward staff to ensure clinical practices in these areas supports effective falls prevention and management.

Western Health continues to develop and implement evidence-based organisational strategies that support safe and effective care in the prevention and management of falls and fall related injuries.

We utilise the health service-wide patient-centred risk assessment tool to identify a patient who may be at risk of falls. This is one of five key health domains in the risk assessment tool; the others being cognition, falls, pressure injury, continence and nutrition.

A risk in any of these key areas presents a potential risk of the patient having a fall while in hospital. Patients then have individualised falls prevention plans put in place. The January 2017 bedside audit demonstrated 94% compliance across Western Health with the use of the risk screening, assessment and management tool.

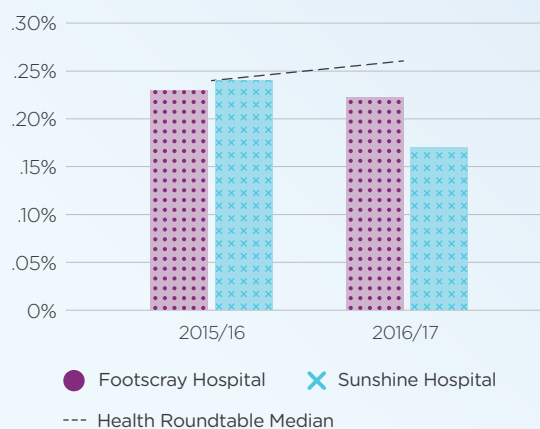
Western Health utilizes a simple set of tools for staff to individualise the care of patients in regards to falls prevention. These include stickers with falls icons to be placed on bed cards and in the margin of patient notes. An intranet falls prevention page with resources and educational material is available to all staff, and most importantly, every ward has a 'Falls Prevention Champion' who is accountable and consistent in making sure their clinical area has a strong focus on falls prevention.

There are multiple strategies used to reduce the risk of falls and harm from falls, including cohorting patients in high visual areas, increased use of specialty beds, understanding the patient's home routine and the use of falls alarms.

Specialty (Floorline) beds are used on wards with evidence of high numbers of at risk patients. The beds are height adjustable and come with specialised floor mats which sit to the side of the bed when in its lowest position. If a patient rolls out of bed the risk of an injury is reduced as they ensure a 'soft landing'.

The engagement of patients and families in falls prevention is also a significant risk management strategy. As well as including them in assessment and care planning, we have introduced posters for patients encouraging them to call for assistance to avoid falls and brochures to assist patients and carers to understand how to reduce the risk of falling both in hospital and at home. The January 2017 bedside audit showed that for 90% of patients, staff discussed falls prevention or gave information about preventing falls.

Health Roundtable
- Risk Adjusted Rate of Inpatient Falls
(aim: to be below the dashed line)



PREVENTING AND MANAGING PRESSURE INJURIES

Western Health continues to recognise that preventing pressure injuries is an important health issue. We are committed to preventing patients from getting pressure injuries and to the effective management of pressure injuries when they occur.

Pressure injuries, often called bed sores or pressure sores, often happen in people who are frail and in those who have reduced mobility due to bed rest or physical disability. A pressure injury is an area of skin that has been damaged because of pressure or rubbing. These injuries can be painful, difficult to treat and can lead to longer stays in hospital.

Western Health benchmarks our incidence of pressure injuries acquired in hospital with other health services through our membership to the Health Roundtable.

As demonstrated in the graph below, in 2016/17 our risk adjusted rate of pressure injuries was at or below the median rate of other health services in the HealthRoundtable for Footscray and Sunshine Hospitals. For both hospitals, there was an improvement on the 2015/16 rate.

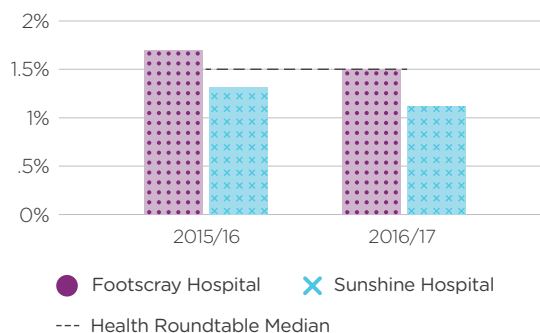
Over 2016/17, we had eight patients who had stage three or four pressure injuries or unable to grade pressure injuries acquired in hospital. These injuries can be extremely painful, difficult to treat and can lead to significantly longer stays in hospital. As part of routine practice for these type of events, each case had an indepth review with ward staff to ensure clinical practices in these areas are supporting effective pressure injury management.

Western Health has a vision of “zero tolerance for hospital acquired pressure injuries”, supported by progressive roll-out of an internationally renowned pressure injury prevention strategy (SSKINS) to high risk wards, the use of the new, integrated assessment and care planning tools developed by Western Health, and specialist equipment including air mattresses, heel protectors, cushions and bariatric beds.

We work to maintain awareness and engagement of all health professionals in pressure injury prevention and management by providing feedback through regular auditing, educational training days, an on-line education program and facilitating pressure injury prevention ‘Expos’. The ‘PIP-abulous’ Expo provides staff the opportunity to share and celebrate achievements.

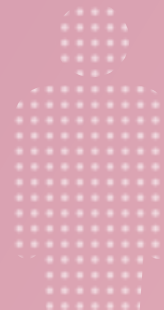
We also support patients and carers to be engaged in pressure injury prevention through brochures and a DVD on our patient televisions, with snap shot surveys of small numbers of patients and relatives to ensure these resources are useful.

Health Roundtable
- Risk Adjusted Rate of Pressue Injuries
(aim: to be below the dashed line)





*The team from Williamstown
Hospital's aged care unit.*



Williamstown Milestone Achieved

Williamstown Hospital has achieved a milestone in the care of its geriatric patients – 365 days without a pressure injury.

Less than three years after implementing an internationally-renowned program for preventing pressure wounds, one of the hospital's main wards hit the record-breaking mark in March 2017.

Wound care consultant Col Killmier introduced the surface, skin, keep patients moving, incontinence and nutrition/hydration (SSKIN) program to Western Health after visiting its pioneering hospitals in the U.S.

She has given full praise to ward management and staff singling out nurse unit manager Melanie Wityk. "One year wasn't even a realistic dream in our minds when we first started", Ms Killmier said. "It's really been up to the nurse unit managers to drive it and that's what they've done. Mel has continued to drive it".

The 30 bed aged care unit that achieved the record includes the geriatric and management (GEM) rehabilitation and transition care ward. Its patients are particularly susceptible to pressure injuries because of frailty and reduced mobility. The unit has gone on to celebrate 500 days without a pressure injury.

Ms Wityk said while her team celebrated various milestones along the way, the focus was on the patients, not the tally.

"I am so passionate about pressure injuries because they just shouldn't happen. The main thing was changing the culture of the ward and getting the message across that pressure injuries are everyone's business, not just the nursing staff. It involves everyone from consultants right down."



CO-ORDINATED CARE

“I receive help, treatment and information when I need it and in a co-ordinated way”

Co-ordinated Care involves providing prompt access to patient services, with a smooth patient journey that is designed to optimise time to care through efficient service provision.

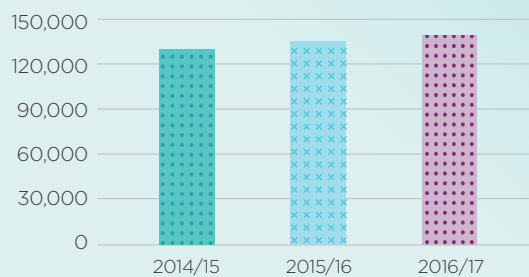
This section focuses on activities and achievements that support improved outcomes under the Best Care dimension of Co-ordinated Care.

Co-ordinating Emergency Care

AT A GLANCE

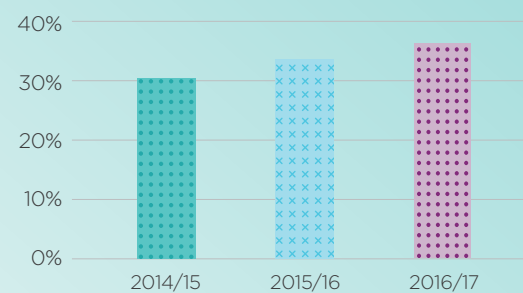
Number of Emergency Department Patients

Our emergency departments are busy and increasingly getting busier



Number of Emergency Department Patients Admitted

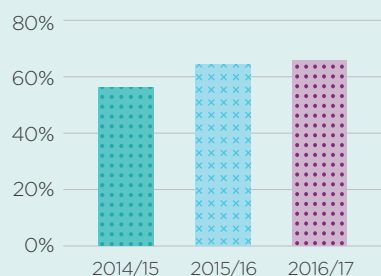
More emergency department patients require inpatient care



DESPITE THIS...

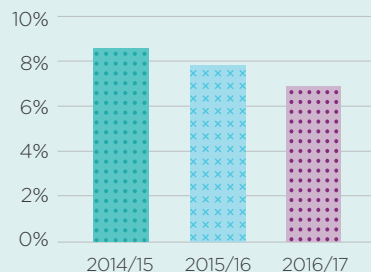
Percentage of Emergency Department Patients discharged in less than 4 hours

We have maintained & slightly improved upon our 2015/16 Emergency Department access performance gains



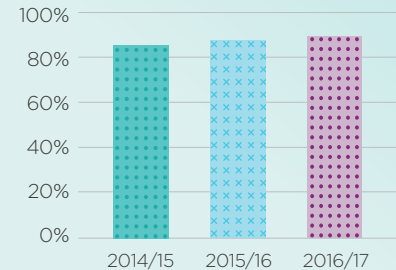
Percentage of Emergency Department Patients Failing to Wait

Fewer patients are leaving our emergency departments before they are seen



Percentage of Patients Satisfied with Emergency Department Care

Patient satisfaction with overall care remains positive



Source: Victorian Health Experience Monitor Oct-Dec.

Space and increasing demand continues to create pressure at Footscray and Sunshine Hospital Emergency Departments and this pressure is felt particularly during the winter months.

Work at Western Health has continued over the past 12 months to support improved performance with ambulance off load times and timely patient flow through our Emergency Departments.

This work has been supported by Better Care Victoria's Collaborative program and Toyota's continuous improvement methodology to understand our barriers and improve flow and quality of emergency care. The approach has involved staff caring for patients identifying the barriers and creating and testing solutions. With the support of this work and our emergency staff's dedication to provide timely care, we have maintained and in some cases, enhanced upon, performance gains of last year.

In April 2017, we held a publically advertised Open Access Forum to provide the opportunity for our consumers to discuss their thoughts about emergency care with our Emergency Department (ED) staff, our Executive and our Board Members. This forum was called "If Patients Ran Our Emergency Departments" and participants explored four themes about the patient experience in Western Health's EDs: meeting the emotional needs of patients and families, effectively communicating about the wait for care, understanding why the ED is a patient's choice of location for care, and providing enough information for patients to feel confident about managing their care at home.

Discussion at this forum validated and informed a number of strategies developed to improve the patient experience in Western Health's EDs. Implemented strategies include:

- Introducing a large LCD screen in the Sunshine Hospital ED that provides estimated waiting times and communication in several languages in relation to frequently asked questions at triage, and invites patients to approach the Triage desk with concerns. A screen will also be in placed in the Footscray Hospital ED by the end of September 2017.
- Installing computer kiosks in the ED waiting rooms at Sunshine and Footscray Hospitals to provide patients with an opportunity to source alternative options for their care (as desired). These alternative options may include same day appointments with doctors in local bulk billing general practices, access to primary practice allied health professionals such as Physiotherapists and same day access to dentists.
- A review of Volunteer roles within the Emergency Department, with our team of Volunteers now trained to assist the public with the GP Booking Kiosks, as well as providing tea and coffee and emotional support to patients, including simple conversations with elderly patients alone in the ED.
- A library of books and magazines has been introduced into the Footscray Hospital ED.

Over 2016/17 there has been significant demand through our Emergency Departments in relation to patients seeking mental health care. We have worked closely with the agencies who provide mental health care services to our patients (Werribee Mercy Hospital and North West Mental Health) and the Office of the Chief Psychiatrist to support the establishment of new funding, changes to pathways and greater support to the patients and staff in our Emergency Departments.

Responding to the Thunderstorm Asthma Crisis

The extent of the pressure on Western Health's emergency teams during last year's thunderstorm asthma crisis was revealed in the final report by Inspector-General for Emergency Management, Tony Pierce.

The report, the Review of Response to the Thunderstorm Asthma Event of 21-22 November 2016, concluded that "the scale of this epidemic was unprecedented. Never before have ESTA (Emergency Services Telecommunications Authority), Ambulance Victoria or Victorian hospitals experienced this level of demand in such a condensed period and dispersed over such a large geographical area."

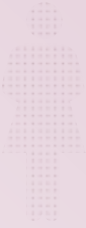
Footscray, Sunshine and Williamstown Hospitals were key contributors in responding to the emergency, with our emergency departments treating more than 1260 patients across the Monday early evening and Tuesday of the asthma outbreak. The scale of the demand on our health service was extraordinary, as was the way our staff and community responded under such pressure.

All asthma is thought to have an allergic basis, with different sufferers responding to different triggers, including pollen, dust mites, mould spores and pet dander. But doctors believe that thunderstorm-induced asthma resembles anaphylaxis, the most severe form

of allergic reaction, particularly in the way it strikes so suddenly and affects people who previously might only have suffered hayfever. "Some people get sick so quickly that even if they had asthma medication to hand, it might not matter," says associate professor Craig French, the director of Intensive Care across Western Health.

*ICU Director A/Prof Craig French
being interviewed for an ABC
program on thunderstorm asthma*





Responding to the demand for maternity care



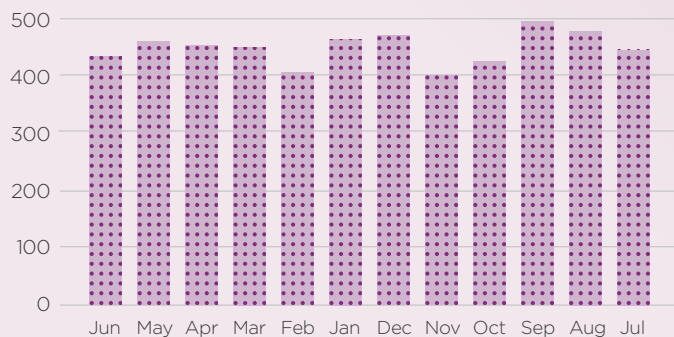
AT A GLANCE

Demand for maternity services

Our community has one of the highest rates of birth in Australia, with births numbers set to increase from around 5,500 births per year to over 7,200 by 2026.

Number of births 2016/17

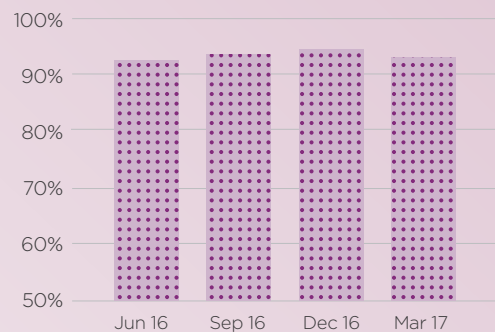
In order to meet current demand for maternity care, we support the birth of over 400 babies per month, with facilities not originally designed to care for this many patients



DESPITE THIS...

Patients Satisfied with Maternity Care

Patient satisfaction with overall care is positive



Source: Victorian Health Experience Monitor



In September 2016 we saw the highest number of births at Sunshine Hospital on record and this led us to develop a peak demand strategy and collaborative arrangement, in consultation with Werribee Mercy, the Women's Hospital, Djerriwarrh Health Services and the Royal Children's. The management plan proved to be a valuable strategy as numbers continued to grow in a number of subsequent months.

Over the past year, our capacity to manage demand has also increased following considerable success in our recruitment into key positions within the maternity and neonatal areas of our service, resulting in many high calibre candidates joining Western Health.

The past 12 months has seen key milestones met for one of the most important developments in the west of Melbourne – the commencement of construction of the Joan Kirner Women's and Children's Hospital.

More than 300 consumers, staff and members of the community, took part in workshops on the schematic design and development phases for the new building.

The Minister for Health visited the site several times, in October 2016 with the Premier, for the turning of the sod and in May 2017 to award school children their prize for naming the cranes – Big Billy and Betty.

As we look ahead to the completion of the wonderful new Joan Kirner Women's and Children's Hospital, we continue to seek new ways to respond to the continuing extremely high demand for maternity services.

REVIEWING SAFE, QUALITY CARE FOR MOTHERS AND BABIES

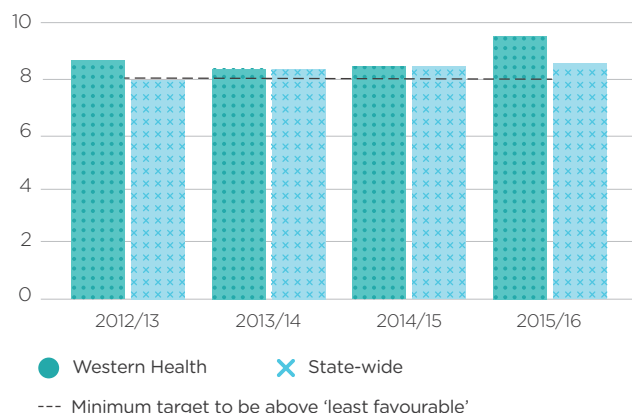
The Victorian perinatal services performance indicators report is developed to help improve outcomes for Victorian women and their babies. The report allows us to track performance and trends across a suite of performance indicators, and identify priority areas for focus. 2015/16 data is the most recent available.

Western Health's performance against only two of the 17 indicators in the 2015/16 perinatal data was rated as 'in the least favourable' range, with nine indicators better than the state average.

The two indicators with a 'least favourable' rating are:

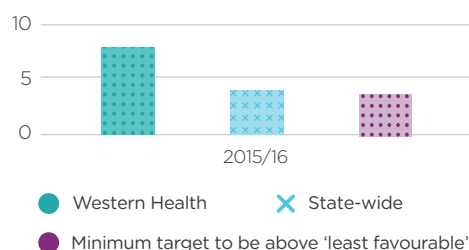
1. *Rate of term infants without congenital anomalies who require additional care* – our community has a high incidence of diabetes and/or the risk of diabetes during pregnancy. The babies of women who have diabetes are considerably more likely to need Special Care admission. An antenatal clinic supporting women who are at higher risk of complications including diabetes, blood pressure problems, and pre-eclampsia has treated 94 mums with an "above healthy" weight and helped bring 58 babies into the world in its first year at Sunshine Hospital. Western Health's DIAMOND Clinic (DIAbetes, Maternal Obesity, Nutrition and Diet) is believed to be one of the most comprehensive services of its kind in Australia.

Rate of term infants without congenital anomalies who require additional care



2. *Readmissions during the postnatal period (babies)* – we are currently exploring the best way to review the cases where a baby born at Western Health requires re-admission to Sunshine Hospital; an auditing process that will potentially help us identify ways in which we might be able to avoid this scenario. This work will be further progressed over the next year.

Readmissions during the postnatal period (babies) (new indicator)



Diamond Clinic a rare gem for Mums of the West

Western Health's DIAMOND Clinic is dedicated to women with a higher body mass index and is believed to be one of the most comprehensive services of its kind in Australia.

Established by Women's & Children's Services Director A/Prof Glyn Teale, the clinic brings together a team of experts who specialise in the complications common to this group of patients.

And for the patients, the result is a one stop shop of specialists at their weekly clinic. These include obstetricians, midwives, dietitians, psychologists, foetal monitoring specialists, physiotherapists and endocrinologists.

The DIAMOND clinic is held every Thursday morning at Sunshine Hospital and celebrated its first birthday in April 2017.

A/Prof Teale said "women with an "above healthy" weight were at higher risk of a range of complications including diabetes, blood pressure problems, and pre-eclampsia during pregnancy. This group of mums do require specialist attention. What we now have is a team that all come together on the same day and provide mums with weight issues in pregnancy the ability to see a range of specialists".

Midwife Karyn Smith, a mother of five who battled excessive weight during two of her pregnancies, said the clinic had been very successful and that it had a very high attendance rate. "We want to put the message out there that we don't need to be judging, we need to be helping. I have walked in their shoes and know how it feels".

Joanna Chellia, mum of twin girls Samantha and Isabelle, said she was "ecstatic" by her treatment at the DIAMOND Clinic, after being refused care by two other maternity hospitals. "They didn't make it about your BMI (body weight index). It was more about your health and your babies' health".

Mum-of-one Shayrn Taylor was enjoying her second pregnancy with the DIAMOND Clinic: "For me it was about not having that judgement and just feeling like a normal pregnant woman".



DIAMOND clinic patients Shayrn Taylor and Joanna Chellia

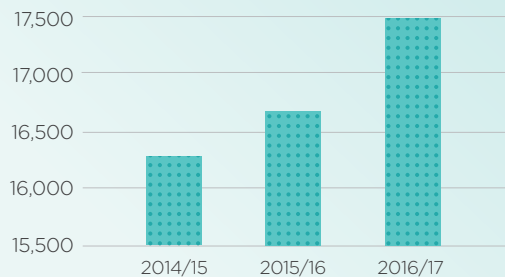


Co-ordinating Elective Surgery

AT A GLANCE

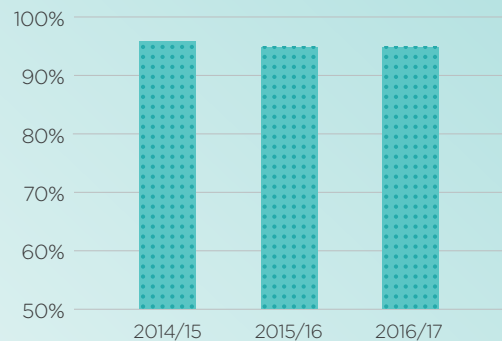
Number of Patients added to the Elective Surgery Waiting List

More patients each year are being added to our Elective Surgery Waiting List



Percentage of Category 1-3 Patients admitted within recommended timeframes

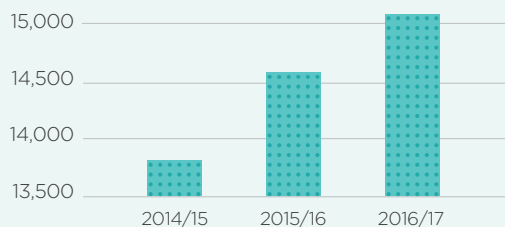
We continue to admit over 94% of Elective Surgery Waiting List patients with an urgency category between 1-3 within the recommended time (100% for category 1 - most urgent)



DESPITE THIS...

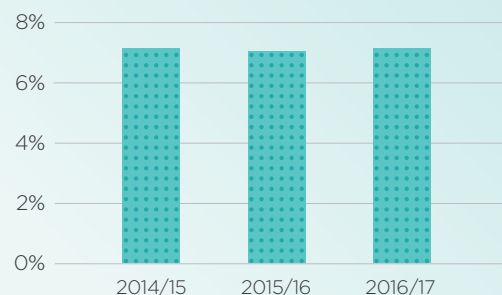
Number of Patients admitted off the Elective Surgery Waiting List

We are admitting significantly more patients off the Elective Surgery Waiting List each year



Percentage of Hospital initiated postponements for elective surgery

We have been able to maintain our rate of hospital initiated postponements for elective surgery below the externally set target of no more than 8%



Over the past year, partnerships have been developed between Western Health and regional and other health services to enable more rapid access to surgery for patients who have been waiting for long periods and to provide an effective use of state-wide elective surgery capacity. These elective surgery partnerships have been developed with the support of the Department of Health and Human Services.

Support from the Department has also enabled additional weekend surgery lists to be undertaken to achieve our year end targeted elective surgery waiting list number. Whilst we admitted significantly more patients off our elective surgery waiting list in 2016/17 than targeted, there has been a sharp increase in numbers of patients added to the list since January 2017.

To improve access to elective surgery services across Western Health, we have introduced more complex day surgery at our Sunbury Day Hospital. The first cases undertaken were wide local breast excisions and sentinel node biopsies in otherwise well women aged between 35 and 51. The Day Hospital provides an ideal environment for care of this patient group, with patient feedback very positive on their experience. This initiative releases valuable Footscray and Sunshine Hospital theatre time for more complex procedures.

To further our efforts to provide timely elective surgery, we have engaged our consumers in a patient co-designed review of pre-admission and elective booking processes.

Surgical Mortality Benchmarking

The Victorian Audit of Surgical Mortality (VASM) seeks to review all deaths associated with surgical care. All surgery carries some risk and it is an unfortunate reality that sometimes patients do not survive surgery, or die after having a surgical procedure.

The majority of these deaths are not preventable and occur despite surgery to overcome a life threatening condition. In some instances however death is an unexpected outcome of surgery for a condition that is not life threatening. It is especially important that the issues surrounding death in the latter group are studied to see if similar adverse outcomes can be prevented.

Western Health actively engages in this program and we use the findings to ensure the highest standard of safe and comprehensive surgical care is provided.

The most recent time period covered by VASM Reporting is 2012-2016.

Between 1 July 2012 and 30 June 2016, Western Health notified all reportable deaths to VASM. This figure accounted for 4.8% of the total deaths notified to VASM during this period.

Characteristics of audited deaths for this period include:

- A median patient age of 78.6 years
- 85.5% were emergency admissions
- Most common co-morbid factors were: cardiovascular, age, respiratory
- 85.2% had a moderate, considerable or expected risk of death before surgery was undertaken

VASM Auditing has informed the following clinical practice changes at Western Health over the past 12 months:

- We have continued our surgical orientation program to improve education and training for all junior and senior doctors
- We have continued to broaden engagement in our weekly mortality and morbidity reviews to include other hospital areas
- We have reviewed our rapid response service and continue to review the Medical Emergency Team (MET) call system and advanced care planning training for staff
- We have continued to review the surgical model to improve surgical pathways for patients.



Stellar Sustainability Effort

In great news for Western Health, we were named a health finalist in the prestigious Premier's Sustainability Awards 2016.

We were nominated due to our wide range of programs and stellar efforts in environmental sustainability – some of which have led to a 35 per cent drop in the amount of waste we send to landfill each year.

Operating theatres, intensive care units, day patient units and cardiac labs – produce about 20 per cent of Western Health's hospital waste, including plastic wrap.

We have slashed the amount of plastic waste sent to landfill by pioneering recycling programs that turn medical plastic into furniture and garden hoses. Anaesthetist Dr Forbes McGain created the PVC Recovery in Hospitals Program – which has since been rolled out in 55 healthcare settings around the world – because he was concerned about the amount of plastic hospital items thrown into the rubbish.

He collaborated with the Vinyl Council of Victoria to develop the PVC recycling program, which collects high grade, clear plastic hospital items such as used facemasks, oxygen tubing and irrigation bags for intravenous fluids to be recycled into agricultural hosing.

We have also teamed up with a Laverton manufacturer to recycle soft plastics used in medical packaging into products such as furniture, bollards and speed humps.

Four recycled bench seats made from plastic packaging and blue polypropylene sterile wrap previously used to package new theatre gowns and medical equipment have been installed within Western Health.

Western Health Sustainability officer Catherine O'Shea and instrument technician, Carlos Paciocco, on a bench made from recycled steriwrap, with some of the PVC items that are put into the recycle stream.

Responding to the Demand for Outpatient Care

AT A GLANCE

In order to further increase our capacity to meet a very high demand for outpatient services, we developed an Outpatient Roadmap in 2016. The Roadmap sets out a path to reform outpatient services by:

- Standardising the referral process
- Developing clear clinical program pathways and;
- Creating or maintaining centralised service co-ordination that enables outpatient waiting list times to meet state targets

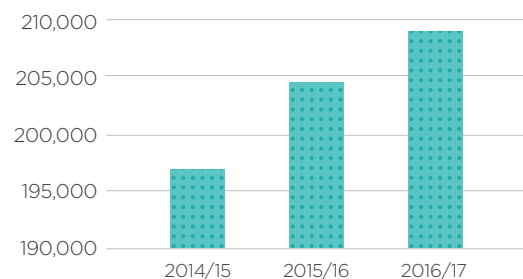
The Outpatient Roadmap 2016-20 has been launched, with follow-up planning with senior clinicians to identify practical ways to improve patient flow. We have seen increased outpatient productivity of 3% from a number of public clinics that have been engaged in this work.

A Waitlist Validation project has been undertaken, with external publication of waitlist data scoped and to be actioned in the second half of 2017.

Western Health has submitted a successful expression of interest to be involved in the Better Care Victoria Specialist Clinic Access Improvement Partnership during 2017/18.

Number of Outpatient Presentations

We are seeing significantly more patients every year in an attempt to meet the high demand for Outpatient services.



Virtual fracture clinic breaking new ground

Western Health has teamed up with the Royal Melbourne Hospital to open Australia's first virtual fracture clinics.

The Virtual Fracture Care service (V-FRAC), which is being trialled this year and funded by Better Care Victoria, allows adult patients with simple fractures to be managed remotely by physiotherapists and consultants.

Virtual Fracture Clinic Project lead Narelle Watson and coordinator Becky Pile said V-FRAC had been modelled on a successful UK program. Both Western Health and the Royal Melbourne Hospital began trialling their new clinics this year.

To be eligible for the virtual clinic, patients must have a simple orthopaedic fracture, such as a toe fracture or shoulder dislocation, or soft tissue injury.

"Prior to this initiative, patients with simple fractures would present to the emergency department and then return to the busy Western Health fracture clinic for ongoing management," Ms Watson said. "Through V-FRAC, these patients can now receive all their post-emergency department care over the phone."



INTEGRATING CARE BETWEEN HOSPITAL AND COMMUNITY SETTINGS

Improving Discharge Planning

An open access Primary Care and Population Health Committee (PCPHC) meeting was held in June 2016 to engage PCPHC members and Health West partners in discussions with our Board and Executive on opportunities for integrating care between hospital based and community settings.

We held a follow-up open access community forum in June 2017, a key focus of which was to share with attendees initiatives implemented against the key theme from the 2016 forum ... “how can Western Health communicate better with patients and other health providers on discharge?”

This theme is also explored with patients and their families through the Victorian Health Experience Survey. Patients who have had inpatient stays at Western Health and receive this survey are asked a series of questions about discharge planning.

As reflected in the diagram on the following page, although we do well with providing GPs with patient information, there is an identified need to improve how we support patients on discharge from our hospitals.



Under the program, the digital imaging and clinical notes of eligible patients are assessed within 24 hours (or three days over a weekend) by an advanced practice physiotherapist and orthopaedic consultant. Patients are then given detailed information about how to manage their injury over the phone, and given the opportunity to ask questions, during a “virtual consultation”.

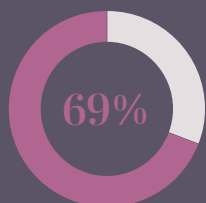
Patients are also given phone and email contact details for their V-FRAC clinician, and all management details are sent to their GP. Patients can still opt for a traditional face-to-face orthopaedic clinic appointment at any stage.

In the 3.5 months since implementation, 721 Emergency Department referrals have been triaged through the V-FRAC service and effective phone-management has been provided for 26% of these referrals with no adverse events.

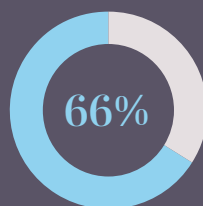


Rob Pianta, orthopaedic consultant; Narelle Watson, project lead; Phong Tran, head of orthopaedics; Mel Shackell, physiotherapy manager; and Becky Pile, project co-ordinator.

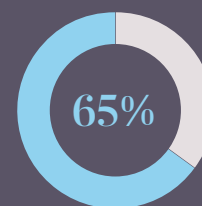
**Victorian Health Experience Survey
- 2016/17 Patient Satisfaction
ratings on discharge planning**



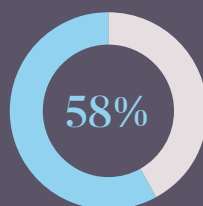
was the average of positive scores for patient questions relating to discharge from April 2016 to March 2017 (compared to the state target of 75%)



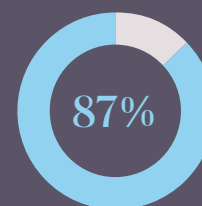
of patients felt they were given sufficient information about managing their health & care at home



of patients felt staff took their family or home situation into account when planning their discharge



of patients felt adequate arrangements were made for any services needed (eg. transport, meals, mobility aids)



of patients felt that their GP was given the necessary information about the treatment they received while in hospital

Over the past 12 months we have implemented the following to help improve the way we communicate with patients and other health providers on discharge:

- We have established a central access unit to co-ordinate referrals to WH Community Services
- We have Implemented an internal e-referral system to make referrals to WH Community Services easier
- We have implemented the WH Rapid Discharge Support Service (RDSS) which supports the transition from inpatient care to home for vulnerable patients who may live alone or need assistance to get home or when they first go home.
- We have developed the Advice, Co-ordination and Expertise (ACE) team who are aligned to medical units to assist with complex discharge planning and transition of patients to the community

- We have continued to work on improving timely discharge summary completion rates and the quality of discharge summaries, as well as making this information available to patients on discharge
- We have commenced preparations to start sending discharge summaries to the 'My Health Record System'. WH clinicians will be able to view My Health Record via our Digital Medical Record and we will be sending discharge summaries to patients by September 2017

Many of the above will undergo further implementation over the next 12 months and we will be closely viewing the Victorian Health Experience Survey reports generated in 2017/18 to see if they are having an impact on supporting patients being discharged from our hospitals.



Rapid Discharge Support Service

A unique Rapid Discharge Support Service (RDSS) model that responds to socio-economic disadvantage in communities of the West was implemented by the Western Health (WH) Community Services Team in 2016.

The RDSS model involves:

- Overcoming barriers to discharge and acting as a gap fill/conduit to community services programs by accessing carers (available at short notice) who are able to assist patients with community and domestic tasks as well as transport home from hospital; and providing access to a range of supports such as grocery cards, taxi vouchers & myki cards, and home maintenance.
- Decreasing the need for admissions due to home circumstances by providing carers to pick up patients and care for them in a hotel or their home environment if appropriate, and accommodating regional patients when required to avoid overnight admission in hospital

A partnership for the carer role was developed with an external provider Absolute Care. This provider shares our vision of enhancing the patient experience and providing supports outside of the hospital that are meaningful for the patient and their families, and is able to deliver the required personnel and homecare safely and importantly in the required timeframe.

The following graphic provides an example of how this unique program works.

The RDSS has supported 361 patients in the first year of operation, with extremely positive patient experience feedback by delivering the core interventions that the patient wants, not what the care team thinks they need or funding streams traditionally allow.

The RDSS service has proven to deliver a truly person centred, compassionate care model. One such example of the type of intervention the RDSS have undertaken is not expensive from a monetary perspective but had a great impact on the health and wellbeing of the couple involved.

A 92 year old couple were living at home with an appropriate community care package. Mrs M was heavily incontinent and was using washable continence aids to assist in management. The couple were unable to afford the cost of a new washing machine as they were experiencing financial hardship and were handwashing all laundry including reusable incontinence aids. Mrs M was presenting recurrently to hospital with urinary tract infections. The Rapid Discharge Support Service purchased a washing machine for the couple prior to discharge from hospital. This involved a total spend of \$595. There have been no further admissions to hospital to-date.





RIGHT CARE

**“I receive care that
makes me feel better”**

Right Care involves providing appropriate, equitable and effective care for each person. This section focuses on activities and achievements that support improved outcomes under the Best Care dimension of Right Care.

Fit-for-purpose facilities for a modern health system

FOOTSCRAY HOSPITAL TO BE REBUILT

Our patients, families, staff and volunteers were all thrilled to hear of the fantastic commitment to rebuild Footscray Hospital. The need for a new hospital is extremely urgent, with significant structural issues limiting the life of the now 64 year old building.

Premier Daniel Andrews, Health Minister Jill Hennessy and local MP Marsha Thomson toured the hospital the day after the State Budget, during which the rebuilding plans were formally announced. The trio were greeted by Western Health's Acting Chief Executive Officer Russell Harrison and Western Health Board Director, Kelvyn Lavelle – as well as dozens of excited staff, patients and volunteers.

Mr Andrews personally thanked staff and volunteers for their hard work and commitment to Footscray Hospital. "This building is showing its age and it needs to be fit for purpose for a modern health system," he said.

"The challenge of course is to build the new hospital and run the existing one – that's not simple and easy, but this is the first really big step towards a new Footscray Hospital for you and the patients that I know you are so committed to".

Ms Hennessy said the existing hospital no longer meets the needs of a rapidly growing community:

"We know families in Melbourne's West need and deserve a new Footscray Hospital – and this Budget delivers the funding needed to kick-start this critical project".

Western Health Board Chair, the Hon Bronwyn Pike, said the announcement marked "an extraordinary day for Footscray and indeed everyone living in Melbourne's western suburbs. Footscray Hospital has been at the heart of our community for 60 years, and so we are thrilled that it will soon become the world-class modern facility that our patients deserve. Our patients already have access to an exceptionally talented and hard-working team of doctors, nurses and allied health professionals. The new hospital will match that top-quality care for patients with the facilities best-suited to providing that care."

The 2017 State Budget provided an initial \$50 million to support the planning for the new hospital and essential maintenance work. Intensive work is now well advanced on the next steps.



The Premier and Health Minister warmly welcomed at Footscray Hospital

Supporting Vulnerable Members of our Community

WH is committed to ensuring that vulnerable people within our community are assisted, not only with their health care but to link with appropriate service systems when needed.

We have brought together a diverse group of leaders within the organisation to consider how we provide a more organisational approach to supporting vulnerable people. This includes consideration of child safety standards, supporting victims of family violence, and consideration of other forms of trauma and vulnerability in our community.

We have formed a Health Equity Steering Group with broad representation across Western Health. It has overseen the development of a Western Health Equity Roadmap, initial implementation of which has had a strong focus on child safety and family violence.

HOSPITAL RESPONSE TO CHILD SAFETY & FAMILY VIOLENCE

In late 2016, The Australian Childhood Foundation (ACF) was commissioned to undertake a gap analysis to ensure WH compliance with new Child Safe Standards that came into effect on January 1 2016. The analysis included an extensive documentation audit of policy, procedure and publically available information about WH services, focus groups with staff groups, and interviews with key internal stakeholders.

A Child Safe Standards Working Group that reports into the newly established WH Health Equity Steering Group has been formed with broad representation from across Western Health. The remit of the working group is to advise on and oversee the implementation of a plan arising from key recommendations of the ACF child safe standards gap analysis.

Western health hosted a successful White Ribbon event on November 23, 2016 to recognise the significant role public health can play in addressing family violence. Key Note Speaker, Professor Kelsey Hegarty, the first Chair of Violence Prevention in Victoria, spoke of the health burden of family violence and World Health Organisation evidence-based responses to violence against women and their children. Speakers from local family violence agencies spoke of the changing trends in perpetrator accountability and an increased focus on responses to children.

WH is a continuing pilot site of the Strengthening Hospital Responses to Family Violence (SHRFV) project led by the Royal Women's and Bendigo Health. Work on WH's SHRFV implementation plan is progressing, with dedicated project resources combining the organisation-wide implementation of family violence and child safe standards initiatives. Work on policy, data reporting, and referral pathway mapping is the initial focus of activity. Public Affairs have joined the Family Violence Working Group, which reports into the Health Equity Steering Group, to ensure a comprehensive communication strategy for implementation success.

The working group has drafted a 'Staff Disclosure of Family Violence Pathway' document to guide line managers in how to respond and who to involve if a staff member discloses family violence.

A review of policy and procedure is underway that will address gaps in documentation related to family violence and child safeguarding identification and response.

Efforts are being focused on preparing key areas of the organisation for the training and implementation of a trauma informed, sensitive enquiry approach to asking about family violence and child safety.

Supporting Choice for End of Life Care

The development of a partnership relationship between the patient and their health professional(s) is paramount in the delivery of quality health care. Western Health is committed to providing care that is respectful of, and responsive to supporting choice for end of life care.

Staff education regarding end-of-life care includes both formal workshops run through the Centre for Education and ward-based multi-disciplinary team in-services. In addition, staff can access a number of e-learning opportunities for end-of-life care. WH's Centre for Education also offers short courses for staff to support them in discussions with patients and families regarding death and dying.

As part of the commitment to improve End of Life Care at WH, a consultant (senior doctor) supports education and promotion of End of Life Care, Advanced Care Plans and the Acute Resuscitation Plan.

The Western Health End of Life Care Procedure was released in 2016 and provides guidelines for staff to manage end of life care that is consistent with evidence based best practice, legislation and common law obligations.

End-of-life care is reviewed during divisional multi-disciplinary morbidity and mortality meetings using guidelines developed by the Victorian Department of Health and Human Services. The meetings facilitate discussion for the purposes of clarifying management and provide a forum for teaching and system level learning.

Information brochures and dedicated internet sites are also available for patients and carers. In the past 12 months, a WH bereavement information and support booklet has been printed and distributed across the health service to provide family and caregivers with accurate and timely information in their time of grief.



ADVANCE CARE PLANNING

Work has continued over the past year to support the achievement of the goal of changing culture to make Advance Care Planning (ACP) part of everyone's daily care. Western Health is committed to ensuring patient wishes are known and supported throughout their health care journey. To achieve this we continue to engage and strengthen bonds with our own staff and patients, external health care providers, including aged care facilities, GPs, community groups, Primary Health Care Network, other hospital/health care networks and the Department of Health & Human Services.

To continue to embed ACP in practice across the WH network and its community, resources have been provided in many forms including documents, instructions, and training, intranet and resource folders. Staff are also supported by the presence of

an experienced ACP facilitator in their clinical setting. An ACP facilitator has provided mentoring to support conversations with patients and families, and completing documents that provide clear description of the patient's wishes for future medical treatment.

A poster, brochure and bedside cards have been developed. This information has been reviewed by WH's consumer information committee to ensure that it is appropriate and useful. A WH ACP internet page provides consumer access to information, as well as a contact point via email address and phone number. Patients, families, community and external agencies have all contacted WH ACP for information and assistance to complete ACPs. An ACP information clip from the Department of Health and Human Services is on the free hospital television channel.

Left to right: Cheryl Wallis, Khan Do, Bersin Sozer at the launch of the Bereavement Information Booklet 'When a loved one dies'.



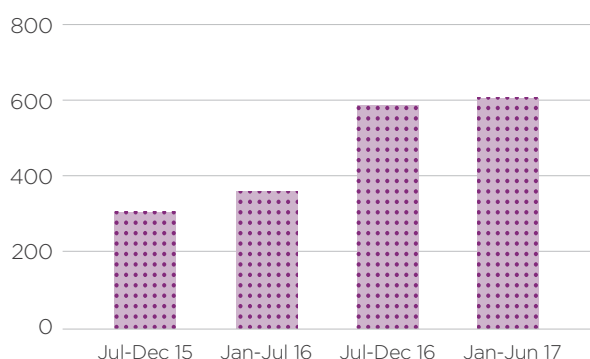
Booklet launched to support bereaved families

Western Health launched a Bereavement Information Booklet in late 2016. The Booklet helps staff provide assistance to families and significant others of patients who have passed away. The booklet titled 'When a loved one dies', allows staff to give grieving families written information about grief, loss and practical information regarding things such as funeral arrangements, wills and support services.

Data on patients over 75 years of age with Advance Care Alerts and Advance Care Plans is now reported in our Monitoring and Performance (MaP) system.

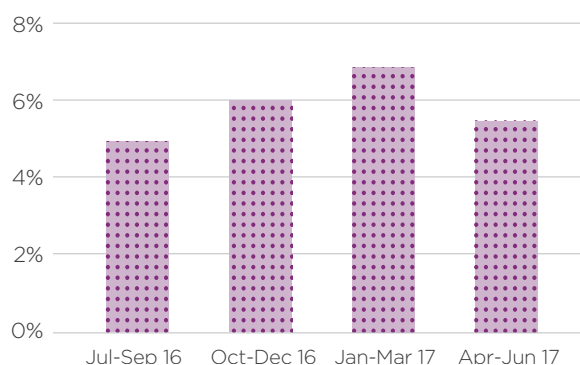
The following graph shows the number of patients over 75 with an Advance Care Alert.

Number of Patients over 75 with an Advance Care Alert



Our initial target is for 10% of Patients over 75 years of age to have a recorded Advance Care Plan. As the following graph shows, we built up slowly towards this target in 2016/17 but tapered off a little towards the end of the year.

Percentage of patients over 75 with an Advance Care Plan



Western Health Manager of Pastoral Care Khan Do says the booklet can never replace conversation with a family, but instead provides a way to make a difficult time a little bit easier for bereaved families. It is intended to complement care currently being provided by staff. It includes information answering the most common questions after a death of a loved one.

“The printed resource is important as families can feel overwhelmed and unable to retain information when a loved one has just passed.”

Chief Executive Officer A/Prof Alex Cockram spoke at the launch of the booklet about the importance of the new resource in supporting families and in helping staff to start conversations with grieving families. A/Prof Cockram spoke of her work as a psychiatrist with patients who had experienced immense loss and grief and the importance of written information complementing clinician support. “Often the conversations about grief and dying sit with palliative care, and whilst palliative care is fantastic at that, sadly people die in many different settings across our organisations. It is important that clinicians have the resources and feel confident that they can start that conversation.”

Our staff are embracing the idea of Advance Care Planning as they can see the beneficial outcome for the patients and their families. It is however, a significant task to change the culture to make Advance Care Planning (ACP) part of everyone's daily care, not only in Western Health but also in the community. Having a conversation with a patient and family about Advance Care Planning when they are acutely ill on presentation to Western Health may not be the best timing. This is why we have been also promoting and supporting community awareness and engagement in Advance Care Planning.

Education and support continues for residential care facilities and GPs in our community. To make sure a continuum of care exists for the patient across the health care experience, information, contacts and details are promoted using the Primary Health Care Network, Health Pathways, Advance Care Planning Australia as well as the Western Health internet page. These collaborations have allowed patient's documents to be sent in to Western Health by external providers and be placed in the patient's Digital Medical Record (DMR).

In addition, we are currently involved in a working group looking at regional palliative care projects in the North West Region.

Advanced Care Plan Case Study

The following case study describes how an advance care plan has been used by a patient's treating team at Western Health. We have named the patient 'Mr Brown' for confidentiality reasons.

Mr Brown, a 77 year old male living in a community Nursing Home presented to the Emergency Department at Western health with stroke symptoms and breathing distress related to a chronic respiratory condition.

A previous Advance Care Plan was in place and documented in the Alert section of Mr Brown's file with noted specific wishes not for resuscitation and for comfort measures in the event of acute medical deterioration.

'Comfort' measures, for example medication to control Mr Brown's breathing distress, were provided by the clinical team looking after him at Western Health.

As Mr Brown was confused and not able to make informed care decisions, his care was discussed with the substitute decision maker noted in his Advance Care Plan. After discussion with the substitute decision maker in consultation with the Western Health's Immediate Response Service, Mr Brown was returned to his Nursing Home.

In line with the above discussion and his Advance Care Plan, Mr Brown's post discharge management plan was not to return to hospital in the event of further clinical deterioration. Mr Brown's care plan was for active palliative management at his Nursing Home (a high level care facility) if he deteriorated further.

We continue to engage with consumers, staff and our community to ensure that they are aware of the importance of ensuring that patients have a voice in their own end of life care.

The legislation relating to ACP is changing in March 2018. The Department of Health and Human Services and the Office of the Public Advocate are collaborating to produce information and resources for both consumers and health professionals. Our clinicians have been involved in the group that has been supporting this collaboration.



Providing the right care for patients with chronic and complex conditions

WESTERN HEALTHLINKS

We embarked on a new path in our bid to provide a better response for patients with chronic and complex conditions when we launched a pilot of the Western HealthLinks program in November 2016.

This innovative program, made possible through a new funding option provided by the Victorian Government, has allowed us to take a different approach to how we manage the needs of patients with complex illness.

The overall aim is to help these patients remain in their homes and avoid preventable hospital admissions.

To ensure WH developed an integrated care program for chronic illness based on international best practice, extensive literature review, benchmarking and consultation was conducted. Consultation with our community (patients and service providers) was essential to further analyse where we needed to improve and identify practical, patient focused solutions to support integrated care.

The above supported the development of ten foundation elements of the Western HealthLink's integrated care program:

Elements of the Western HealthLinks Program

1. Patient Identification System	2. Advanced Discharge Program	3. Post Discharge Support Program	4. Expert 'Hospital Like' Clinical Care in the Home	5. Care Co-ordination/ Care Navigation
6. Integrate with GPs & Primary Care	7. Post Discharge Pharmacy Review	8. E-Health	9. Advanced Care Planning	10. Multi-component, integrated & collaborative strategies

We have partnered with Silver Chain (a not-for-profit community service provider) to support the delivery of certain elements of the program.

A comprehensive implementation and communication plan for the pilot was developed and dual evaluation and research frameworks have been designed to evaluate the program.

There have been a number of positive results of the program so far, including an overwhelmingly positive response from patients and families through patient experience surveys and videoed patient stories. Feedback has affirmed the value of the program and is informing continual improvement of the pilot.

In the first seven months of the pilot, we have identified 2,300 patients for enrolment in the program, 25% more than we anticipated.

We have seen 15% of enrolled patients experience an unplanned readmission to hospital. This compares with a 19-24% chronic illness unplanned readmission rate prior to the program's commencement.

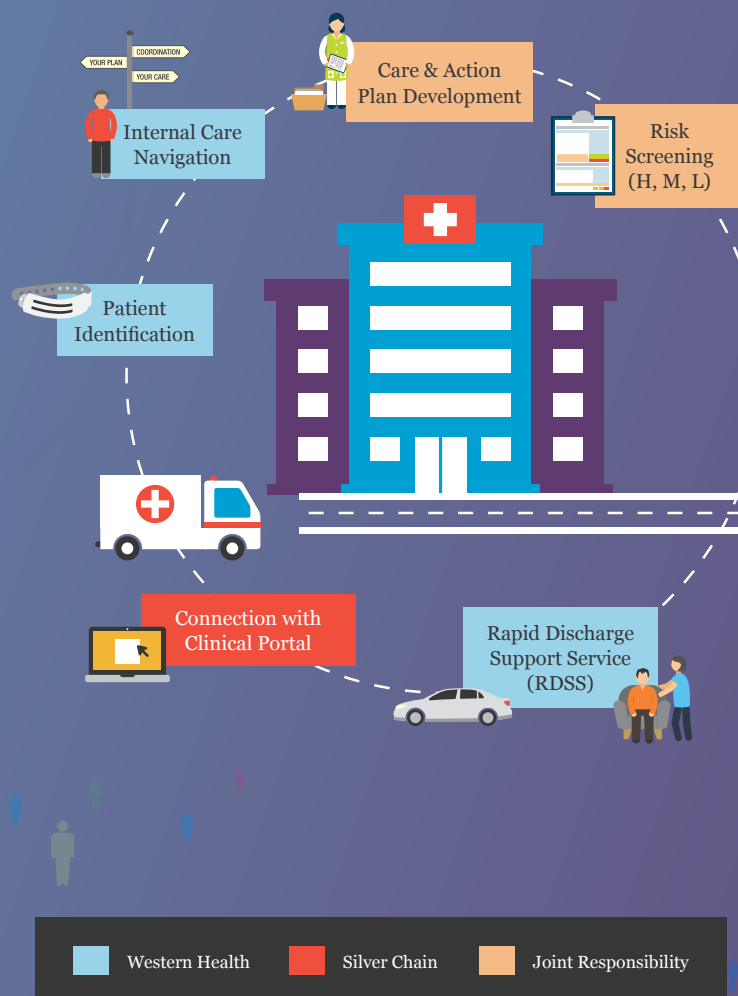
Patients can call a Priority Response and Assessment (PRA) service if they have any concerns or require immediate support with their health care. 180 patients have used this service, with 100% receiving a home visit by a Registered Nurse within our 4 hour target. Of these patients, 70% were able to remain at home.

The pilot of the Western HealthLinks Program will continue for another two years.

“It’s changed my life” Sharon, 50

“Thank you for helping me, for looking after me and checking up on me. I am now able to do things I could not do before” Jennifer, 71

HealthLinks Model of Care



“I feel like my old self again,
the service is great” Lily, 59

“I am grateful for the support I receive to
manage my health and organising the care
that I require” Antony, 76

Without Brenda (System Navigator) being
here I am under so much stress, I have to
arrange all the appointments, (Brenda)
arranged for all the things that Jess (wife)
has been struggling with” Leon, 35





HealthLinks patient Leon Weir with children Jermayne and Izabella

HealthLinks Transforming Patients' Lives

Dad Leon Weir is one of the patients benefitting from Western Health's HealthLinks pilot program since it began in November 2016. The program supports patients with chronic and complex conditions – allowing them to stay in their own homes.

Mr Weir, 35, has suffered three heart attacks in just four years. Also a diabetic, he spent four months wearing a portable defibrillator ahead of a diagnostic electrophysiology study at Sunshine Hospital in February.

His complex case – and need for multidisciplinary care – made him an ideal candidate for the new program.

Mr Weir lives in Tarneit, in Melbourne's western suburbs, with his wife Jessica and their three children Jermayne, 9, Izabella 4, and Levi, 20 months.

As part of Western HealthLinks, Mr Weir has been matched with personal 'care navigator' – Brenda – who manages both his hospital-based and primary care appointments.

HealthLinks has streamlined what was previously a "very frustrating" process for Mr Weir.

"As patients, we're dumbfounded ... we get the run-around with times and dates and people to see or you've got to go to the GP. But having somebody like Brenda, who's knowledgeable about what services can be provided to us, is great. Brenda said that any time I need to contact her, she's there."

Focusing Research on the Diseases that burden our community

Western Health is a leading advocate for improving health outcomes in the West and our research activity focuses on the diseases and risk factors that burden our community.

We expanded our research efforts in 2016 in line with our Research Roadmap 2015-2020 and the overall strategic direction of our health service.

The year's main highlights included the approval of 201 new research projects, more than \$42 million worth of grants held and 340 journal articles published.

Recruitment of our large and diverse patient population into clinical trials, including investigator-initiated trials, has been enhanced over the past year to provide greater access to new treatments. For example, in 2016 the IMPROVE-GAP trial commenced, recruiting 800 inpatients with community-acquired pneumonia into a study of a new optimised model of care. The study features patient-reported outcome measures and a health-economic component. This reflects Western Health's emphasis on clinical research and its translation into every day practice.

Western Health has continued to build research capacities through productive collaborations with our university partners, including participation in research projects at the MD, Masters and PhD levels. The Clinical Research Investigators Group holds regular events to connect younger researchers with each other and more experienced professionals.

Our research partnerships engage multiple organisations, including the newly opened Victorian Comprehensive Cancer Centre and the Murdoch Children's Research Institute, with whom we will study the health of Victorian newborns into their future.

Further information about our research activity and achievements can be found in our Annual Research Report located on our website (westernhealth.org.au).

Osteoporosis care for patients after bone fractures

Falls are the leading cause of injury-related deaths, hospital admissions and emergency department (ED) presentations in older Victorians (aged 65 years and over).

Every eight minutes someone is admitted to an Australian hospital with an osteoporotic fracture. Bone fractures caused by osteoporosis are more common than the combined incidence of heart attacks, stroke and breast cancer.

These statistics prompted Western Health to establish Victoria's first fracture care and prevention program for over-65 patients in 2016.

The Program is aimed at developing and testing novel models of care that translate the results of falls prevention and management research into practice.

It provides:

- A Falls and Fractures Clinic
- A Fracture Liaison Services
- Orthogeriatrics (hip fracture care)
- Gait and Balance Gym (Gabagym)
- A strong multi-disciplinary research program.

The Fracture Care and Prevention Program has supported an improved patient experience by performing a more comprehensive assessment in a clinical/research friendly environment and by highly-qualified personnel

Since its implementation, the program has evaluated and treated 750 patients for falls and fracture risk. Fifty-six patients have either completed our 3D virtual reality balance training or completed our evidence-based exercise program at the Gabagym. The number of patients assessed for falls and fractures risk has increased by 250%, with an increase from 16% to 52% in the number of patients receiving vitamin D and calcium, and an increase from 8% to 42% in the number of patients receiving osteoporosis treatment.

Technician Susan Harvey, Professor Gustavo Duque and Western Health fracture care prevention co-ordinator Solange Bernardo prepare to conduct a patient scan.



Western Health Chronic Disease Alliance

Our commitment to push ahead with new frontiers in research to address the chronic disease burden impacting the patients of the west of Melbourne, led to the creation of the Western Health Chronic Disease Alliance. This new alliance will target research across a number of clinical disciplines including nephrology, endocrinology, cardiology, neurology and general medicine. Once fully established and operational, the scope will also expand to include nursing, allied health, respiratory medicine, rheumatology and potentially, mental health.

The research direction and outcomes that will emanate from the Alliance are complimentary to the objectives and aims of the HealthLinks project and our wide range of other work to support our tens of thousands of chronic disease patients every year.

Western Health researchers have also led an initiative aimed at detecting chronic diseases early, expanding a General Practitioner (GP) screening program that was already improving the detection of kidney disease, to support screening for a wider range of chronic diseases such as heart disease, stroke and diabetes.



Associate Professor Craig Nelson

Kidney disease screening program expanded

An innovative Western Health screening program, shown to dramatically improve the detection rate of kidney disease, is being trialled across other chronic disease areas



Supporting the right care for cancer patients

Cancer incidence in the western region of Melbourne is the highest of any metropolitan area. As one of the biggest providers of cancer services in Victoria, Western Health is continually looking for new and innovative ways to support cancer care.

Western Health was pleased to receive Victorian Government funding for the General Practice Placement in Cancer Survivorship Program for GPs and practice nurses, aimed at improving the understanding of how specialist care and primary care can work together in post treatment cancer care. The program provides an opportunity for GPs and practice nurses to undertake a 10 hour clinical placement to work with oncology specialist teams in multidisciplinary hospital-based care settings. This project has shown great potential to support connected care, with overwhelmingly positive patient feedback.

Our innovation in addressing the cancer burden within our community was recognised in the 2016 Victorian Public Healthcare Awards. The increased demand for endoscopic procedures for our patients led to Western Health becoming the joint winners of the Excellence in Cancer Care Award in recognition of the benefits gained through

the Rapid Access to Gastrointestinal Endoscopy (RAGE) program. This program provides a clear pathway for GPs to identify and expedite access for patients with symptoms suggestive of increased risk of a cancer diagnosis.

Footscray Hospital has become the first in Victoria – and only second in Australia – to install technology that combines angiography with a CT scanner. The MIYABI Angio-CT began operating in June 2017 and will revolutionise the treatment of many Western Health patients. Interventional radiologist Dr Julian Nguyen said combining angiography with CT had “real-time advantages” for patients and staff. The combined technology helps ensure that clinicians do not over-treat or under-treat their patients. The new angio-CT suite is expected to be particularly beneficial for patients with liver cancer and stroke.

Western Health nephrology unit head Craig Nelson led a successful pilot study into the use of e-technologies to detect chronic kidney disease (CKD).

The study, conducted in 2012/13, with more than 170,000 patients in the community, resulted in a 300 percent increase in the diagnosis of CKD.

Software embedded into existing GP programs prompts doctors to order relevant tests for ‘at-risk’ patients.

Associate Professor Nelson has described the program as ‘artificial intelligence on the desktop’ for GPs.

Following the success of Electronic diagnosis and

Management Assistance to Primary care in Chronic Kidney Disease (EMAP-CKD), software has been developed by a team of Western Health disease specialists and nurses, population health experts and GPs to detect other chronic diseases such as heart disease, stroke and diabetes.

It is a collaboration between Western Health, Victoria University and the University of Melbourne, under the umbrella of the newly-formed Western Health Chronic Disease Alliance. The 15-month trial began in March 2017.

It involves 100,000 patients from eight general practices – six in north-western Melbourne, one in the Macedon Ranges and one in the Goulburn Valley.

Council boosts funding and hopes for the West's Oncology Patients

A substantial Cancer Council grant that will make clinical trials more accessible to our oncology patients, was awarded to Western Health during the year. The funding – worth \$632,000 over three years – will maximise the number and types of trials available to Western Health patients, with a particular focus on those from culturally and linguistically diverse backgrounds. The grant was one of four, totalling \$2.5 million and chosen from a highly competitive pool of 15 applicants from around the state.

The announcement was made in a joint presentation at Sunshine Hospital by Western Health's Chief Executive A/Prof Alex Cockram and Director of Cancer Services Prof Michael Green, and Cancer Council Victoria chief executive Todd Harper.

Breast cancer patient Kim Nguyen, a 65-year-old grandmother of three who is already benefitting from a clinical trial at Western Health, also attended the announcement.

Professor Green said the funding would provide more equitable access to clinical trials for Western Health patients with cancer, as well as enhancing the numbers of patients on clinical trials. "It's also important to appreciate that clinical trials drive quality in patient care because they set the standards for future treatments", he said.

Mr Harper said the aim is for as many people as possible to have access to a clinical trial. "Standard treatments that extend and improve the lives of countless patients today are the result of clinical trials of the past", he said.

Western Health Chief Executive Officer A/Prof Alex Cockram welcomed the funding. "This very generous grant from the Cancer Council Victoria is good news for our cancer patients, and also Western Health's first rate oncology clinicians," she said.

Left to right: Prof Michael Green, breast cancer patient Kim Nguyen, Cancer Council chief executive Todd Harper and Western Health chief executive A/Prof Alex Cockram.



Connecting with the West

COMMUNITY PARTNERSHIP PROGRAM

Western Health's Community Partnerships Volunteer Program is a unique program that operates between local schools and our hospitals. The Program has grown since 2014 to include special schools, trade based schools and primary schools, with over 250 student involved each year.

One partnership involves students from the nearby Copperfield College collaborating with hospital staff to produce useful items for our patients. Within the past year, the students made a cubby house and a Remembrance Tree for Sunshine Hospital's palliative care garden, sensory aprons to help elderly dementia patients reminisce and a seven-metre wide Australiana mural in one of our wards.

The group of Year 11 and 12 students were studying for their Victorian Certificate of Applied Learning (VCAL) – the vocational learning option for senior school students that leads to apprenticeships, training courses or employment. Under the partnership, each group of students is assigned a Western Health staff member as a mentor. The mentors provide guidance and feedback to students, who choose a project to work on over four months.

Sharon Collard, the mentor for the Australiana mural project, was impressed with the students' dedication in designing and producing the artwork. She said patients often remarked on how lovely the mural was and how it brightened the ward. Fourteen projects, using vocational skills such as carpentry, graphic design, sewing and metalwork, were produced during the year.



Western Health's community engagement and volunteer manager Jo Spence said the projects revealed a high standard of creativity and thoughtfulness. "I was truly amazed at the 'can do' attitude instilled in the students", Ms Spence said.

"They felt very connected to Sunshine Hospital and pleased to be contributing in a meaningful way to the broader community".



*Footscray Hospital staff
face to face with the cup.*

Western Health comes out smiling for Bulldogs

The past year brought a great deal of excitement to Western Health when our wonderful community partners, the Western Bulldogs, won the AFL Premiership.

The joy among our patients, staff and volunteers was palpable as the win was celebrated by those who had waited much of their lives to see this outcome. The tangible evidence of this joy then came in the form of the Premiership Cup tour taking in each of our larger campuses, with visits to Sunshine, Footscray and Williamstown Hospitals providing the opportunity for patients, visitors, staff and volunteers to see the Cup.

The Western Bulldogs' partnership comes in many different forms, and in August 2016 this was reflected once again through their generous involvement in the Western Health Foundation BreastWest Night of Nights, where Bulldogs players accompany women who are either survivors of or have a breast cancer diagnosis, on the catwalk, in a fundraising fashion parade.

Strengthening Hospitals in the West

We have been working collaboratively with partner health services in the Strengthening Hospitals in the West Program. This program aims to improve operational efficiencies, co-ordination and sustainability of acute hospital services in the West.

As part of this program, Western Health, in partnership with Werribee Mercy Hospital and Ambulance Victoria has developed a regional protocol for timely transfer of ST-Elevation Myocardial Infarction (STEMI) patients from Werribee Mercy Hospital to Sunshine Hospital. A STEMI is a full-blown heart attack caused by the complete blockage of a heart artery.

Previously, Werribee Mercy Hospital's established practice response for emergency STEMI presentations involved liaison with, and patient transfer via ambulance, to a major specialist tertiary cardiac service in Inner Melbourne. With two new cardiac laboratories opening at Sunshine Hospital in 2015, there was expanded capacity in the west to manage time-critical cardiac patients.

An inter-hospital protocol has been co-ordinated for STEMI patient transfers between Werribee Mercy Hospital Emergency Department and Sunshine Hospital. The protocol has been used to initiate transfer and treatment for 16 time critical STEMI patients between January and June 2017. Transfer to Sunshine Hospital resulted in all patients being treated in their local region and on average, within the 90 minute benchmark from first medical contact.





SAFE CARE

“I feel safe”

Safe Care involves the design and delivery of care and services to minimise the risk of patient harm. This section focuses on activities and achievements that support improved outcomes under the Best Care dimension of Safe Care.

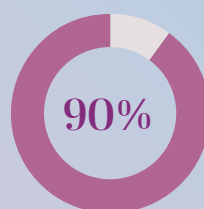
Patient Safety Culture

We provide our staff with the opportunity to have their say on a wide range of matters that relate to working and caring for patients at Western Health through participation in the state-wide People Matter Survey.

Within this Survey are a set of questions specially focused on patient safety. Staff responses against these questions help us to check whether systems and culture for Safe Care are strong. Results in the table below show that Western Health rated 10% above the state target for safety culture questions.

These results demonstrate a supportive culture where employees are encouraged to raise concerns and are able to learn from the errors of others. Western Health encourages a safety culture within the organisation and is dedicated to providing opportunities for training and supervision.

A wide range of management and leadership training initiatives have been implemented as a result of a clear request by staff for improved skills for



of our staff had a positive response to the safety culture questions in the People Matter Survey, compared to the state target of 80%

managers. The Western Health Nursing and Midwifery Leadership Excellence for Accountable Patient Care program – known as LEAP – was launched in 2016. LEAP was developed for Nurse and Midwife Unit Managers. Features include Nurse Unit Manager assessment, development planning, leadership skills lab, peer leadership groups, structured workshops with guest speakers and activities on accountable care, to address key development needs of our senior nursing staff.

People Matter Survey 2016 - Patient Safety

STATEMENT	STATE TARGET	WESTERN HEALTH
Percentage of staff with a positive response to safety culture questions (combined)	80%	90%
SAFETY CULTURE QUESTIONS		STAFF - % AGREEING WITH STATEMENT
Patient care errors are handled appropriately in my work area		88
The health service does a good job of training new and existing staff		85
I am encouraged by my colleagues to report any patient safety concerns I may have		96
The culture in my work area makes it easy to learn from the errors of others		90
Trainees in my discipline are adequately supervised		83
My suggestions about patient safety would be acted upon if I expressed them to my manager		92
Management is driving us to be a safety-centred organisation		92
I would recommend a friend or relative to be treated as a patient here		91

Adverse Event Management

Adverse events are defined as incidents that result in harm to patients. Harm can be an injury (such as a fracture following a fall) or an unexpected complication of care that requires additional treatment and length of stay.

Western Health is committed to supporting a best care environment which:

- Promotes the reporting of adverse events
- Communicates effectively with patients and carers when adverse events occur
- Reviews and analyses adverse events to see if the care provided was appropriate and if anything could be done differently
- Uses what is learnt from the review of adverse events to act on opportunities to improve the clinical systems and practices supporting best care

Western Health meets the requirements of the Victorian Health Incident Management System (VHIMS) in the reporting of Adverse Events. VHIMS is a standardised process for the collection, classification and notification of patient incidents, occupational health and safety incidents and consumer feedback. Adverse events on VHIMS are classified according to severity of harm.

In 2016/17, 15 patient adverse events with a VHIMS severity rating of 1 (severe harm) and 152 events with a VHIMS severity rating of 2 (moderate harm) were reported by Western Health.

These events can be themed under the following National Safety and Quality Health Service Standards:

National Standard 9 – the care of deteriorating patients.

Ensuring that patients who deteriorate receive appropriate and timely care is a key safety and quality challenge for Western Health. All patients should receive comprehensive care regardless of their location

in the hospital or the time of day. The 'Managing of Deteriorating Patient' information in this section of the Quality Account describes systems we have in place to support appropriate and timely management of deteriorating patients and improvements we have made to these systems over the past 12-18 months.

National Standard 12 – provision of care

A range of adverse events fall under this Standard, including the need to transfer patients to other health services for specialist care that Western Health services can't provide. This includes the transfer of newborn babies to health services with neonatal intensive care units (NICU). With the rise in number of patients with complicated pregnancies being cared for by Western Health, we are currently exploring whether a NICU can be incorporated within our new Joan Kirner Women's and Children's Hospital currently under construction.

National Standard 10 – preventing falls and harm from falls

There are many reasons a patient may be at risk of sustaining a fall while in hospital. These can include their age and level of frailty, the type of medication they are on, the physical layout of the ward environment, access to toilets, the equipment being used to care for them or simply being unwell. Western Health continues to develop and implement evidence-based organisational strategies that support safe and effective care in the prevention and management of falls and fall related injuries. Further information on falls management is included in the 'Person-Centred Care' section of the Quality Account.





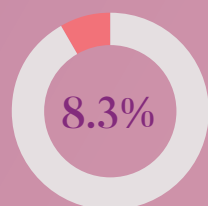
Medication Safety

Medicines are the most common treatment used in health care. Because they are so commonly used, medicines are often associated with a higher incidence of errors than other healthcare interventions. Western Health is committed to ensuring the highest standards of medication safety for all patients.

Western Health's Medication Safety Committee is a multi-disciplinary quality improvement committee. Its role is to ensure medication safety throughout Western Health. The Committee monitors and evaluates medication-related issues and develops strategies and processes to promote safe medication practice across the organisation.

Continuous improvements in medication safety are supported by the following established committees:


- **Medication Safety Improvement Group** – involved in quality improvement projects designed to continuously improve the systems supporting medication safety.
- **Drug and Therapeutics Committee** – responsible for all aspects of medicine use within Western Health.
- **Adverse Drug Reactions Committee (ADRC)** – involved in reviewing and following up on adverse drug reactions that occur at Western Health with patients and their local doctor.



decrease in reported incidents involving medication management has occurred over the past 12 months

Key actions taken to improve safe use of medicines over the last 12 months include:

- Review of administration pump technology that is used to automate the delivery of medications through intravenous lines.
- Infusion safety education undertaken with nursing education and a targeted organisational campaign for all clinical areas.
- Updated Medication Management Audits of all clinical areas including prescribing, administering and storage of medications
- Rationalisation of opioid mixtures to eliminate potential confusion between multiple strength mixtures
- An audit of the new insulin medication chart in January and February 2017 that identified a significant reduction in missed insulin doses (5% of doses missed compared to the previous rate of 25%)
- Updating of the medication safety e-learn course package for staff.
- Regular monitoring of medication related errors to identify opportunities to improve medication safety.

- 
- Improved management of Adverse Drug Reaction (ADR) recording and communication with patients
 - Updating of heparin charts and guidelines to further assist in reducing “near miss” prescribing errors for this high risk medication.

These quality improvement initiatives are working to improve the safety of medication management at Western Health. Improved management is reflected in an overall decrease of 8.3% in the number of medication management related incidents reported between 2015/16 and 2016/17. Most importantly, moderate or severe rated incidents involving medications has decreased from 11 to 3 in the same time period.



Managing Deteriorating Patients

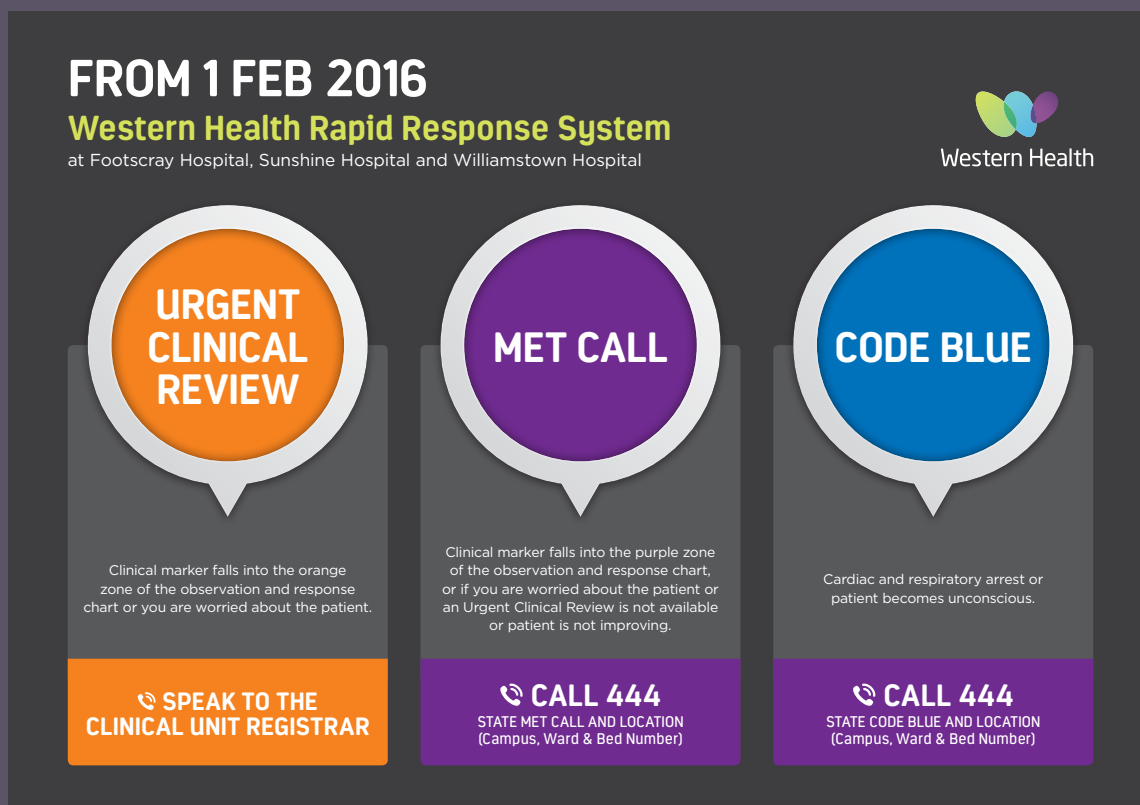
Ensuring that patients who deteriorate receive appropriate and timely care is a key safety and quality challenge. All patients should receive comprehensive care regardless of their location in the hospital or the time of day.

RESPONSE TO DETERIORATION

We wanted to improve our response to deterioration and have a consistent approach across all campuses. After looking at best practice and consulting with other agencies, we revised our approach. The revised Rapid Response System was implemented in February 2016.

The revised system focuses on improving the use of an urgent review of patients with signs of early deterioration and calling the Medical Emergency Team (MET) if there is further deterioration.

One year on, an extensive review and evaluation of the revised rapid response system was conducted to ensure the day-to-day governance of recognition and response systems for clinical deterioration are effective in managing the needs of the deteriorating patient at Western Health.



The review was conducted in combination of:

- Auditing of the observation and response charts for compliance with procedure
- Bedside documentation audits
- Review of the MET register and incidents
- Staff survey

The review showed that MET has been well utilised since implementation, with 2833 calls received in its first year.

2,833

Medical Emergency Team (MET) calls have been received in the first year of our revised system for responding to patient deterioration

By far, hypotension was the primary reason staff initiated the MET system (37%), with 8% of calls initiated when staff were worried about a patient's condition.

Our revised rapid response system is supporting a low cardiac arrest rate for Western Health patients and few cases of unrecognised deterioration prior to cardiac arrest.

To further support staff with the recognition and escalation of clinical deterioration, we have developed a new interactive education module for MET response.

ENGAGING PATIENTS AND CARERS IN RECOGNISING AND RESPONDING TO DETERIORATION

Western Health is committed to developing staff understanding of the importance of the patient, family and carers' role in noticing and voicing concerns regarding clinical deterioration. The collection and presentation of a carer's experience in seeking help when worried about his wife has been a valuable tool in showing this.

A patient's carer had escalated his concerns about his wife's deteriorating condition through an informal process resulting in escalation to the senior clinician outside of the ward. He then gained the support he required. We interviewed him to develop a patient story which has assisted us in gaining an understanding of the carer's perspective and developing our "Call for Help" Program.



The poster is titled "CALL FOR HELP" in large white letters. Below the title is the tagline "If you're worried, we're worried." in yellow. The Western Health logo is in the top right corner. The poster provides instructions on what to do if you are worried, listed in three numbered steps with corresponding icons: 1. Talk to your nurse/midwife or doctor about your concerns. (speech bubble icon), 2. Talk to the Nurse or Midwife in Charge of the ward about your concerns. (nurse and midwife icon), 3. If these nurses, midwives or doctors cannot help then please call 03 8345 HELP (03 8345 4357) (phone icon). At the bottom, it states "Your Call for Help will be directed to someone who can help." in yellow.

CALL FOR HELP

If you're worried, we're worried.

We understand you know your family member or friend better than we do.

If you or your family and friends notice something has changed about you or is 'not quite right' and feel worried - we want you to let us know.

What to do if you are worried

- 1  **Talk to your nurse/midwife or doctor about your concerns.**
- 2  **Talk to the Nurse or Midwife in Charge of the ward about your concerns.**
- 3  **If these nurses, midwives or doctors cannot help then please call 03 8345 HELP (03 8345 4357)**

Your Call for Help will be directed to someone who can help.

The Call for Help program was implemented across Western Health in early 2017. The program works in parallel to traditional clinician activated Rapid Response Services. It allows patients, families and carers to activate the system if they feel their concerns have not been adequately addressed by clinical staff.

The Program has been developed as a three step escalation process. This process gives patients, families and carers the opportunity to communicate verbally with clinicians and also to escalate to other staff if they feel they are not being heard. Ringing the Call for Help phone number is the final stage in the 3-step process.

The design of “Call for Help” brochures, banners and posters involved consumers at various stages of development. Consumer feedback included design, language and appropriate symbols for the program documents. Consideration was also given to where patients and their families would like to be informed of the program.

10 activations of ‘Call for Help’ by patients, carers & families have occurred in the first three months of our new program

Extensive face to face education and training on the Call for Help program has also been conducted across Western Health aimed at ensuring staff understand:

- That families and carers are ideally placed to identify signs of clinical deterioration
- That WH supports staff escalating response systems when patients, families and carers raise concerns of clinical deterioration

Development of a Call for Help Video has also been completed and is being utilised as a continuous staff training resource for the Program.

In the first three months of the Program, Call for Help was activated by patients, families or carers a total of ten times. We have incorporated consumer evaluation of the Program into our clinical audit program and review each activation of “Call for Help” to identify and address any issues with the system.

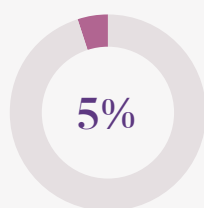


Clinical Handover

Clinical handover involves the transfer of patient information between individuals or groups looking after a patient and is an important part of clinical care.

Clinical handover permeates every aspect of patient care. Every handover is unique, as it has to be relevant to that patient at that point in time. Clinical handovers for the same patient will vary at different times, on different days and at different points throughout their journey in the health care system.

Approximately 15% of reported incidents involving poor clinical handover in 2015/16 related to communication of patient information when patients moved to different wards or clinical units within Western Health.



reduction in reported incidents involving poor clinical handover has occurred over the past 12 months

To improve communication of information on patient transfer, a standardised inter ward / unit handover form has been developed with nursing staff. The form has been well accepted by staff, with the opportunity identified to adapt it for use when patients transfer between Western Health hospitals.

Chief Medical Informatics Officer Dr Richard Horton with Footscray 3 East staff

An educational video has been developed by the Clinical Handover team which covers engaging patients at the bedside nursing change of shift handover. Use of this video is due to commence in late 2017.

There has been an overall reduction of 5% in reported incidents involving poor clinical handover between 2015/16 and 2016/17.



ELECTRONIC MEDICAL RECORD

In 2018 Western Health will move from using a digital (scanned) medical record to implementation of an Electronic Medical Record (EMR), enabling real time access to patient medical records across all Western Health hospitals. This is a significant step in improving the way we can support the handover of clinical information to provide quality patient care.

The past year saw Western Health begin the major process of working towards the implementation of the EMR. The program of work commenced with an assessment of the way we work to support care in late 2016 and involved 70 focus group sessions and walkthroughs, as well as the exploration of work flows. We identified areas that could be improved and looked at how we can make real change to support the provision of Best Care at Western Health.

In considering how our Electronic Medical Record should be designed, groups of Western Health's medical officers, nurses, pharmacists and allied health professionals have met regularly with the EMR team to create a design that best meets Western Health's needs.

The first EMR design concept was presented to Western Health clinicians over March-April 2017. The valuable feedback provided by clinicians has been incorporated into subsequent versions of the design. Following finalization of the design, the EMR will move into an extensive testing phase.

The EMR will enhance the delivery of Best Care by providing clinicians with a consolidated view of all relevant information about the patient.

The EMR will:

- Facilitate the handover of clinical information between members of the patient's care team
- Reduce medication prescription errors
- Simplify and support clinician workflow, and
- Provide access to best practice knowledge for the care of patients

Preventing and controlling healthcare associated infection

Western Health's comprehensive infection prevention and control program is responsible for the monitoring, prevention and control of hospital acquired and/or healthcare-associated infection.

Procedures and strategies to help reduce the risk of infection include:

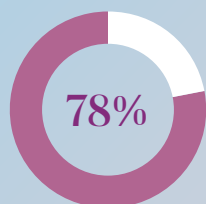
- Infection prevention and control programs, such as hand hygiene compliance, staff immunisation and invasive device management
- Strategic patient placement and accurate recording of patient records on admission
- Vigorous antimicrobial stewardship to control inappropriate use of antibiotics and deliver ongoing education and training
- Audit of the hospital environment cleaning level to maintain accepted quality



INFLUENZA PREVENTION PROGRAM

Healthcare workers may be exposed to, and transmit, vaccine-preventable diseases such as influenza.

Maintaining immunity in the healthcare worker population helps prevent transmission of influenza diseases to and from healthcare workers and patients.



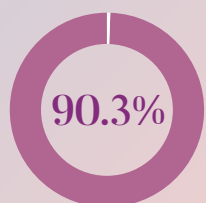
78% of our staff were vaccinated for influenza in 2017, exceeding the state target of 75%

Every autumn Western Health staff are encouraged to receive the annual influenza vaccination. Western Health's good rate of immunisation uptake is supported by offering free vaccination, extensive educational and promotional campaigns, and roving vaccinators across all hospital departments.

In 2017, regular reports were also made available to managers across the organisation with the status of immunisation uptake by their staff.

HAND HYGIENE COMPLIANCE

Known as the simplest most effective activity to prevent healthcare associated infection good hand hygiene practice is taken seriously at Western Health.



90.3% Was our hand hygiene compliance rate in 2016/17, exceeding the state rate of 88%

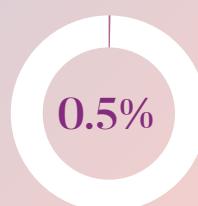
We support hand hygiene compliance by:

- Ensuring availability of hand hygiene products for staff and visitors
- Maintaining rigorous protocols and ongoing observational audits of hand hygiene moments of healthcare workers. Over 2016/17, observation audits of nearly 30,000 hand hygiene moments were undertaken.

- Continuing education on the importance of hand hygiene as the simple most important procedure to reduce the risk of hospital acquired infections

STAPHYLOCOCCUS AUREUS BLOODSTREAM INFECTIONS

Staphylococcus aureus bacteraemia (SABs) or blood stream infections are usually associated with invasive devices used in hospitals and healthcare services, in particular with peripheral intravenous catheters. Western Health aims to have zero cases of healthcare-associated SABs as possible.



0.5% was our Staphylococcus aureus blood stream (SAB) infection rate in 2016/17, less than the state rate of 0.8%

At Western Health SAB infections are closely monitored by the Infection Prevention team. Every case identified is investigated and reviewed by clinicians to minimise all risks.

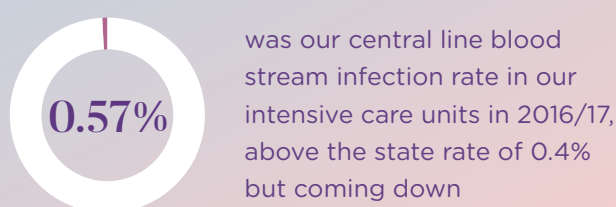
Work continues to reduce the device related SAB rate to zero.

Initiatives include:

- Ongoing education on the aseptic (germ free) insertion technique
- Reducing unnecessary cannulation
- Early removal of invasive catheters
- Auditing and feedback to ensure that IV cannulas are resited or removed every 72 hours (maximum).

CENTRAL LINE BLOOD STREAM INFECTIONS IN THE ICU (CLABSI)

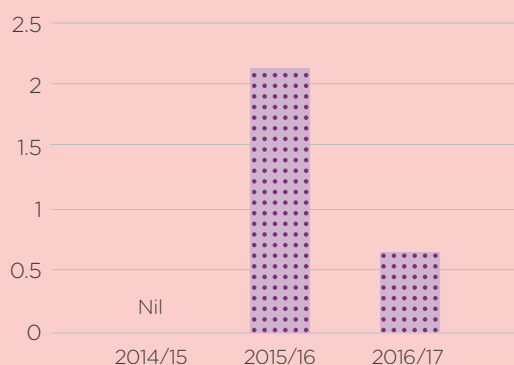
A central venous catheter (CVC) is a catheter (tube) that doctors often pass through a large vein in the neck, chest, or groin to give medication or fluids or to collect blood for medical tests. However, CVCs are also the leading cause of healthcare-associated bloodstream infections (BSIs) also known as CLABSI and are frequently implicated in life-threatening illnesses.



After an increase in the number of Western Health Critical Care beds we saw an increase in the CLABSI rate during the embedding of this new service in 2015/16. As demonstrated by the graph below, this infection rate has dropped over the past year.

Western Health has set a zero CLABSI target for all ICU patients.

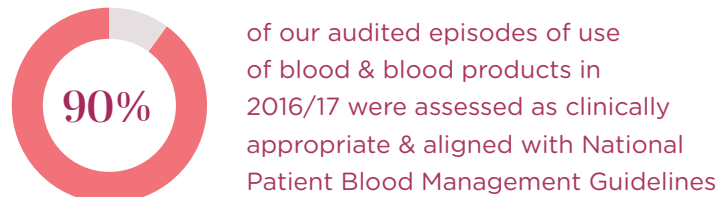
CLABSI Rates in Intensive Care Units



Safe and appropriate use of blood and blood products

The supply of blood and blood products in Australia relies on the donation of blood. The Australian Red Cross Blood Service is responsible for all blood collections in Australia under a contract with the National Blood Authority.

According to the Australian Red Cross Blood Service only one in thirty Australians currently donate blood but one in three Australians will need blood or blood products in their lifetime. Around 30% of donated blood goes to support and maintain the health of patients with cancer and blood diseases.

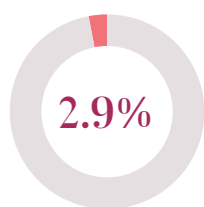


In Australia blood donors give their blood voluntarily and for free, however the collection, processing, extensive testing including for infections such as Hepatitis B and C and HIV and the distribution of blood and blood products incur significant costs. Governments, through the National Blood Authority, spend over \$1 billion per year funding the supply of blood and blood products.

So, whilst blood and blood products are provided to patients free of charge they are not free. The Western Health Transfusion Committee is committed to ensuring that our use of blood and blood products is clinically appropriate and that our wastage is minimal. To achieve this, we have developed and implemented a compulsory blood and blood products learning package that all our junior doctors, nurses and midwives must complete and we conduct regular audits of the clinical appropriateness of our blood and blood product usage.

Our audit results over the last two years have shown that 90% of our audited episodes are clinically appropriate and aligned with National Patient Blood Management Guidelines.

We also focus on strategies to minimise wastage. There will always be some wastage of blood and products primarily due to product expiry, especially platelets which are used to assist clotting as they only have a “shelf-life” of 5 days. Monitoring our wastage is a Transfusion Committee measure and the percentage of blood and blood products wasted and the reason for the wastage is presented and discussed at every meeting of the Committee. Following review of our 2015-2016 blood and blood product wastage which was 4.4%, for the year, predominantly from expired products, we identified some areas where we could improve our practice thus reducing wastage.



of our blood & blood products were wasted in 2016/17, a reduction from 4.4% in 2015/16

A comprehensive review of our blood and blood product inventory or stock kept at our blood bank laboratories at Footscray and Sunshine hospitals was undertaken and stock levels of some products reduced to prevent product expiry whilst still ensuring we had sufficient to guarantee supply when required for our patients.

Practice tips for our clinicians which included requesting and storage requirements were included in our regular Transfusion Newsletter and on the dedicated Blood and Blood Products site on the WH Intranet.

We purchased additional specialised multi-unit blood transporters which enables multiple units of red blood cells to be stored for several hours at the correct temperature and if not used safely returned to inventory to be used for a different patient. These specialised transporters are used in our operating theatres when there is the potential for the patient to bleed significantly or in a critical bleeding episode. This ensures the doctors have immediate access to blood if required for the patient whilst reducing wastage from inappropriate storage.

A review of our wastage of blood and blood products for the period July-Dec 2016 showed a decrease in our wastage from 4.4% in 2015-2016 to 2.9% for 2016/17. We are continuing to monitor and identify opportunities for improvement with the aim of reducing our wastage to an absolute minimum.



Blood transfusion rates drop in joint replacement surgery

Blood transfusion rates in elective hip and knee replacement patients have been drastically reduced at Western Health due to the introduction of a patient blood management program which includes identifying and treating anaemia in patients before their surgery.

Total hip and total knee replacement surgery can involve considerable blood loss and often results in patients requiring a transfusion of compatible donor blood. While Australia has one of the safest blood supplies in the world, blood transfusion is not without risk.

Western Health's Department of Anaesthesia and Pain Medicine and the Orthopaedic Unit have introduced a first of its kind Tranexamic acid (TXA) protocol for patients having elective hip and knee replacement surgery. TXA has been shown to reduce blood loss during total hip and knee replacement, decreasing the need for blood transfusion.

The new program includes screening patients for anaemia prior to their surgery and those with anaemia are investigated, referred and given treatment such as an iron infusion prior to surgery, reducing the likelihood they will require a blood transfusion.

Perioperative anaemia increases the likelihood that a patient will require a blood transfusion and is associated with an increased risk of adverse outcomes, such as increased postoperative infections and a longer hospital stay.

Transfusion rates have dropped by 28 per cent in total hip replacement patients and about 10 per cent in knee replacement surgery since the program was introduced.

The preoperative anaemia screening program is expected to be adopted in a number of other Western Health elective surgery areas such as gynaecology.

We have also had a lot of interest from other health services, particularly in the TXA protocol.

Findings have been presented at the 2016 Australia Orthopaedic Association Annual Scientific Meeting.

Nurse Sharon Sturrock prepares for a blood transfusion.



Managing Occupational Violence and Aggression

WH has committed to promoting safe and healthy people at work and is undertaking a number of strategies to manage the increasing incidence of violence at work. Occupational violence and aggression (OVA) refers to incidents where our staff are abused, threatened or assaulted at work.

Strategy implementation over the past year has included:

- Conducting a research study trial on a ward at Sunshine Hospital to explore practices to support the prevention of aggression in patients with delirium (confusion). These practices include behaviour management planning, cognition/behavioural alerts, environmental audits and diversion for patients.
- Promoting WorkSafe Victoria's OVA promotion campaign "Aggression and Violence against Health Workers – It's Never OK"
- Developing a staff occupational violence and aggression survey to supplement the WorkSafe OVA Campaign.
- Introducing a "behaviours of concern" chart in our emergency departments; an evidence based risk assessment for the prediction of violence within a 24 hour period
- Reviewing our management of OVA procedures and developing an overarching policy
- Continuing our OVA management training, targeting clinical areas where there is a high incidence of aggressive and violent behaviour by patients and visitors.
- Progressively updating our security systems (CCTV, access control and duress) throughout the main public entry areas, waiting rooms, pharmacies and other clinical areas of high occupational violence and aggression risk
- Successfully submitting to the Department of Health and Human Services for OVA funding for projects on "Enhancing Communication in our Emergency Departments" and "Better Environment, Diversion & Engagement with patients with Behaviours of Concern in Acute Medical Wards"

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occupational violence incidents were reported in 2016/17, with 10.83% resulting in a staff injury, illness or condition.

In addition, our Director of Occupational Health and Safety has been successful in obtaining membership to a new "Violence in Healthcare Reference Group" which is facilitated by the Department of Health and Human Services.





Western Health

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St Albans VIC 3021
8345 1333

**Sunshine Hospital
Radiation Therapy Centre**

176 Furlong Road
St Albans VIC 3021
8395 9999

**Western Centre for Health
Research and Education**

Sunshine Hospital
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St Albans VIC 3021
8345 1333

Sunbury Day Hospital

7 Macedon Road
Sunbury VIC 3429
9732 8600

Williamstown Hospital

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9393 0100

Drug Health Services

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Footscray VIC 3011
8345 6682

Hazeldean Transition Care

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Williamstown VIC 3016
9397 3167

Together, caring for the West

www.westernhealth.org.au