

2017/18

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
and Custodians, on which all of our sites stand, the Wurundjeri and
Boon Wurrung peoples of the Kulin Nation





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What we do on a Typical Day

573

patients see
a doctor in an
outpatient clinic

130

patients require
interpreter
services

365

patients are
discharged

35

different roles are
carried out by our
volunteers, with 68%
speaking an additional
language to English

675

patients cared
for overnight

15

babies are
welcomed into
the world

400

community
providers partner
with us to
provide care

65

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

93

surgical
operations
take place

9

new enrolments
of HealthLinks
patients

391

patients attend
one of our three
emergency
departments

970

patients are seen
by our Community
and Allied Health
Services

2400

meals are served

Foreword

At Western Health we are committed to high quality care that is person-centred, co-ordinated, right and safe – we are committed to Best 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.

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.

Listening and learning from patients and carers about care is an integral part of our Best Care approach. Over the past 12 months, we have had a strong focus on collecting patient stories and using this information to understand and improve the care we provide. A number of patient stories can be found within this Report.

Our efforts to deliver Best Care are reflected in a very positive report from the Australian Council on Healthcare Standards after taking part in a November 2017 accreditation survey on National Standards for safety and quality.

These efforts have also been supported over the past 12 months by access to Safer Care Victoria expertise, resources, and opportunities to engage in innovative projects to review and improve care.

Provision of Best Care is the driving force behind us all. Our initiatives to improve patient care are receiving positive feedback from those who matter most – our patients, our staff and volunteers and our community.

This report is a companion document to our Annual Report and is available on our website at www.westernhealth.org.au

Consumer feedback is very important to us. We hope you will find this report informative and interesting and we look forward to hearing your feedback and what you would like to see included in the future. Feedback from previous reports has seen us include consumers as proof readers of the content of this year's Report, with a particular focus on using plain language to explain medical terms.

You can leave feedback via our email address: Feedback@wh.org.au



A handwritten signature in black ink, reading 'Bronwyn Pike'.

The Hon Bronwyn Pike

Chair of the Board,
Western Health



A handwritten signature in black ink, reading 'Russell Harrison'.

Russell Harrison

Chief Executive,
Western Health

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 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 over 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 approximately

6,500 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 over 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' from us, every time, everywhere. This means that we work together and in partnership with our patients to achieve the following goals for every patient:



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





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



Accreditation

The Australian Commission on Safety and Quality in Health Care (the Commission) was initially established in 2006 by the Australian, state and territory governments to lead and co-ordinate national improvements in safety and quality in health care. The Commission developed the National, Safety and Quality Health Service (NSQHS) Standards to drive the implementation of safety and quality systems and to improve the quality of health care in Australia. The NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services.

An Accreditation Survey (Periodic Review) in November 2017 provided the opportunity for Western Health to engage in an independent, comprehensive review of our care and service delivery against the NSQHS Standards.

Accreditation Surveyors visited patient care areas, reviewed our documentation and met with Board Members, staff, volunteers, patients and consumer representatives.

Western Health successfully Met all 133 actions required as part of the Periodic Review. Accreditation Surveyors also highlighted several areas of care and service delivery where they felt activity, performance and innovation attracted “Met with Merit” status. These included governance systems for safety and quality of patient care, partnership with consumers to review and improve care, systems for prevention and control of healthcare associated infections, and environmental safety systems.

Western Health is now working on the transition to the second edition of the NSQHS Standards released in November 2017. The second edition was developed



by the Commission in consultation with the Australian Government state and territory partners, consumers, the private sector and other stakeholders. Assessment against the second edition will commence from 1 January 2019, with Western Health due to undergo Accreditation Survey in early 2020.

To support healthcare organisations deliver person-centred care, the Commission engaged the Nous Group (a consulting firm) within the past 12 months to review key attributes of healthcare organisations that deliver Person-Centred Care at a high level, and understand what they have in common. Eight health services were involved in this review, four in Australia and four internationally. Western Health was chosen as one of these eight organisations due to recognition that our Best Care Framework supports a strong focus on Person-Centred Care and its application to day-to-day patient care.



The Nous Group identified that Western Health “... is now recognised as a well-performing health service with a strong rapport in the local community and a growing reputation for best practice in person-centred care.”

Creating a Positive Workplace Culture to support Best Care

Annual participation in the state-wide People Matter Survey assists Western Health to track trends in employee behaviour. Although we have seen significant (positive) overall shift in the satisfaction of staff through the survey, results continued to show opportunity to support a more positive and respectful workplace.

Our Positive Workplace Strategy was launched in August 2016 and provides education and tools to support better responses and capability to challenge unacceptable behaviour. We aim to create the best possible environment not only for our employees and volunteers, but also for patients who depend on us to be compassionate and respectful for their sake every day. We have a duty to not walk past unacceptable behaviours.

A key system developed over the past 12 months to support the Strategy is 'EMPOWIR' (Employee Positive Workplace Issue Resolution). This system supports a peer resolution process for staff to deal with or resolve workplace issues, complaints or concerns. We have trained 39 staff representing all tiers and diversity within Western Health to be Contact and Resolution Officers for EMPOWIR and over 1600 staff have attended EMPOWIR in-services.

Providing this informal and confidential avenue has enabled and empowered our employees to speak up and raise issues, whilst at the same time providing an opportunity for colleagues to reflect and consider the impact of their behaviours on others. These confidential and sensitive interventions have largely resulted in issues being dealt with early.

People Matters Survey results ten months post strategy implementation point to us getting it right, with a strengthening positive workplace environment, free of negative workplace behaviours where all feel safe to work, where they reach their full potential and where they can provide a positive patient experience.

The following extract from a recent patient letter to Western Health's Chief Executive Officer affirms the impact of a positive staff culture: *"It is my belief that the over 40 medical professionals at all levels I engaged with in two days to be the best I have experienced ... I know this has to do with a culture that supports teams committed to great patient outcomes ... the executive, management and professional leadership within Western Health has achieved a cultural environment that I have observed rarely".*





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 of the Quality Account 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 support this there are a range of avenues for consumers to give 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 engaging in our publically advertised open access activities

COMPLAINTS MANAGEMENT

Western Health is committed to best practice in managing complaints and patient advocacy. Patient Representatives assist patients, relatives, friends or appointed representatives and consumer groups in the complaints resolution process. The 1800 patient feedback contact number provides an easy filter for all feedback to be appropriately allocated to areas within the organisation.

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 is summarised into a monthly Patient Experience Dashboard and submitted to various committees to support any actions that have arisen.

CONSUMER REGISTER

We currently have 129 consumers on the Western Health Consumer Register, including 30 who are consumer advisors on 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 Specialist Outpatient Clinics. Consumers are also members of our Health Equity Steering and Advisory Committees as a part of Western Health’s response to family violence.

Consumers on the Register are an invaluable resource to contribute to our discussions on the review and improvement of Best Care for Every Person Every Time at Western Health.

VICTORIAN HEALTH EXPERIENCE SURVEY



The Victorian Health Experience Survey (VHES) is a statewide survey that reviews people’s experience of receiving health care in Victorian public hospitals.

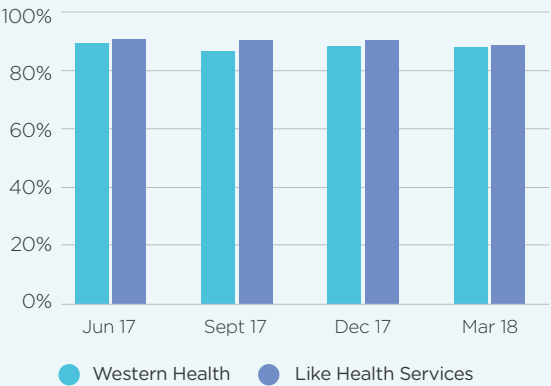
The survey is sent to a random selection of patients one month after leaving hospital. Responses are collected by an independent company contracted by the State Government and are anonymous.

Data collected from the survey is provided to Western Health on a range of measures of patient experience.

We use overall patient care ratings from the survey as part of an ‘organisational health’ performance dashboard presented to the Board and post responses to patient experience measures across our hospitals.

The following graph demonstrates the VHES overall experience rating for people discharged from our adult inpatient wards from June 2017 – March 2018. The graph shows that satisfaction ratings have been fairly consistent in the four reporting periods and are similar to ratings at like health services.

OVERALL, HOW WOULD YOU RATE THE CARE YOU RECEIVED WHILE IN HOSPITAL (% OF PATIENTS RATING GOOD OR VERY GOOD)



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.



Adriana's Story

Adriana Mulla shares her story about being a consumer advisor at Western Health.

"My decision to become a consumer advisor was influenced by my late husband's experience with the health service. Aside from that, I have a genuine interest in public health and I am fascinated with the way Western Health is shifting towards increased consumer involvement.

In general, I feel welcomed and well received by the medical community.

This role gives me the opportunity to participate in meaningful discussions with other committee members and to offer a consumer perspective. However, it has been challenging coming to grips with some of the medical terms that are used in the meetings.

As a consumer advisor with the Deteriorating Patient Committee, I am looking forward to being involved in projects to contribute to the committee's work. As a consumer of health services, I would like to contribute to the ultimate goal that would see patients being partners with health providers in the delivery of healthcare services.



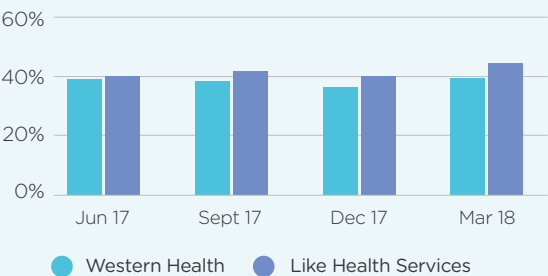
I would encourage others to become involved as consumer advisors in their local health service. It is very rewarding to know that your involvement could lead to service improvement and possibly enhance patients' experience with health services.

Looking forward, I would like to see hospitals accepting change and willing to work with consumers in a meaningful way, not just ticking boxes. I would like to see committees having more than one consumer in order to gain a wider consumer perspective. Additionally, this would provide peer support for their consumers. I would also like to be given more responsibilities beyond committee meetings."

The Quiet Hospital

Over the past twelve months, we have focused on engaging with patients to identify how we can improve VHES ratings relating to noise. The following graph show that over 2017/18, close to 40% of surveyed patients have been bothered by noise whilst receiving care in our hospitals.

PERCENTAGE OF PATIENTS BOTHERED BY NOISE WHILE IN HOSPITAL



A Quiet Hospital Committee has been working with Western Health patients over the past 12 months to undertake a Co-Design project looking to understand how noise affects the patient experience during their stay, and to look at strategies to reduce this noise. This group involves Western Health staff and patients working together to address the noise issues from all perspectives.

High levels of noise are linked to poorer health outcomes including sleep deprivation, increased anxiety, lowered mood, poor wound healing, and overall can lead to extended stays in hospital. Rest is vital to help our patients heal and recover.

Hospitals are busy places and although some noises are necessary for care, others have the potential to be avoided. Western Health’s Quiet Hospital Committee has carried out focus groups and surveys, to determine the main sources of hospital noise.

The key noises were found to be from staff, patients/ families, visitors, machines, equipment and overhead announcements. Interestingly, while our patients report the hospital is noisy, they also understand that many of the noises are part of receiving necessary health care. Overhead announcements, call bells and beeping machines were necessary noises and didn’t bother them too much. However, when these noises weren’t responded to, they became bothersome and frustrating. Patients mostly describe noise being an issue at night and early in the morning, when they are trying to sleep.

The Quiet Hospital Committee has worked closely with our consumers (patients and staff) to look at both practical and innovative ways to address hospital noise. Strategies that are being developed now include a focus on the timely answering of call bells, attending to beeping machines and maintaining existing noisy equipment. The Quiet Hospital Committee is excited about developing a Western Health ‘Quiet Hospital’ video, and introducing training for consumers and staff on noise etiquette. Noise will reduce further with the opening of a designated ‘Children’s Space’ in the new Joan Kirner Women’s & Children’s Hospital and potential spaces are being explored at Sunshine, Footscray and Williamstown hospitals. We are also considering initiatives such as providing our patients with ‘patient packs’ which include items such as earphones and masks and also the availability of meditation channels to assist patients to relax.

PATIENT STORY PROGRAM

The Western Health Patient Story Program involves talking with patients directly about their experience of care at Western Health and identifying opportunities to improve the way we provide care and services.

The Patient Story Program is active across Western Health, with stories shared at Board level, Governance Committees and patient care areas.

Deb's Story

Deb is a 55 year old whose life changed dramatically in December 2015 after a small scratch on her leg from her cat became infected and she became dangerously unwell. She was admitted to Sunshine Hospital on Christmas Eve. Little did she realise she would spend almost the next year in hospital. After surgery and a period of being unwell she was unable to stand, walk or even move herself in bed.

In April 2016 Deb was transferred to the Sunshine Rehabilitation unit where the hard work towards recovery began. Deb's care and recovery was challenging. Deb and other patients who are of high body weight are more likely to have medical complications and take longer to recover from illness. Not all of the patient rooms at Western Health especially in some of the older facilities are equipped to cater for patients with a high body weight. Deb shared with us some of her frustrations at not having the right equipment in place to aid her recovery. Deb's persistence and determination meant that eventually she was able to move into a new home with her sister and she is continuing to regain her independence.



Deb's story and others like it prompted a group of staff from across Western Health who are passionate about improving the care for patients like Deb to form a Bariatric Working Party.

The term bariatric describes care for patients with obesity and high body weight. The Bariatric Working Party is focusing on five main areas – overall coordination of bariatric care, the patient experience, equipment, infrastructure and education. This has already led to some positive change with improved access to equipment, the formation of a specialist assessment team and research funding to conduct patient interviews.



Responding to our Diverse Community

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

CULTURAL DIVERSITY AND COMMUNITY ADVISORY COMMITTEE

In recognition of our diverse population, Western Health supports a Board level Cultural Diversity and Community Advisory Committee (CDCAC). While members of this Committee are appointed as individuals, they represent diverse communities and interests, and advocate for better healthcare which is inclusive of people from different cultures, disabilities, genders, and sexualities amongst others. Members are recruited because of their strong connections to their communities and their ability to provide a broader consumer perspective.

CULTURAL DIVERSITY WEEK

Cultural Diversity Week is held annually to coincide with the United Nations International Day for the Elimination of Racial Discrimination known in Australia as Harmony Day. This year, Western Health celebrated our cultural diversity by inviting staff, volunteers, patients and visitors to participate in African drumming, watch performances by traditional and indigenous Vietnamese dancers, and to test their local and general knowledge of cultural diversity by undertaking a quiz. A winner from each of our hospitals was drawn to receive a local cuisine voucher.



Supporting Language Needs

Western Health's community is among the fastest growth corridors in Australia and has a diverse social economic status. It is one of the most culturally diverse communities in Victoria with 68% speaking a language other than English at home. Language Services at Western Health receive approximately 4000 requests for interpreters per month for about 80 different languages.

Western Health has a strong reputation for constantly improving the languages services provided to our diverse community. We have implemented a range of strategies to ensure services are targeted to groups for which health equity is a challenge. There is a current project underway to further scope what else is possible, with a vision to support staff to engage with our patients, increasing knowledge in Refugee Health and partnering with Cohealth's expertise; and video-conferencing as an adjunct to established services.

Language Services have continued to build on improving access for inpatients. Since the implementation of new Interpreter Service resources, there has been an increase from 2.7% to 12% of total inpatients having an interpreter. This draws us significantly closer to supporting the language needs of the approximately 15% of inpatients who identify as speaking languages other than English.

All adult inpatient wards will now be able to use a bespoke version of Western Health's award winning CALD assist app that helps non-English speaking patients communicate with staff. The app was designed originally for allied health staff but has now been adapted for nursing staff. The app makes it easier for nurses to communicate with non-English speaking patients during care interactions.



There has been an increase from
2.7% to 12%
of total inpatients
having an interpreter





Lyn's Story

Hola. Yasu. Ciao. Nǐ hǎo.

In the cultural melting pot that is Melbourne's western suburbs, it's crucial patients can be understood when they wind up in hospital.

And not only can interpreters at Western Health say 'hello' in 12 different languages, they can translate the difference between a cannula and a catheter, an electrocardiogram and an echocardiogram, and convey in detail the risks of the most intricate surgery.



The phone rings off the hook in the interpreter's office with almost

4000 requests

each month for patients, from refugees to new arrivals and long-term residents who have never mastered English.

Our interpreters are versed in the west's most commonly-spoken languages – Greek, Serbian, Croatian, Vietnamese, Mandarin, Cantonese, Spanish, Macedonian, Arabic, Italian, Dinka and Burmese – providing a voice for patients when they need it most.

At the helm of the service is Italian-born Lyn Bongiovanni, who says cases run the gamut of heart-warming to heartbreaking – and everything in between.

"You can go from a simple physio appointment where there's nothing major, to telling someone they are dying within half an hour," says Lyn, Manager of Language Services.

"You do come up against really sad things. It's just part of our job. You build resilience, and learn to deal with it like the doctors and nurses do."

The service, available across Footscray, Sunshine and Williamstown hospitals, has 18 interpreters, including five proficient in Vietnamese which makes up more than 30 per cent of patient requests.

"With current resources, staff are able to cover about 94 per cent of cases", she says.

"Our main role is to facilitate connection, give patients a voice, give them an opportunity to make informed decisions," Lyn says.

Lyn moved to Australia from Sicily as an eight-year-old, and still recalls the difficulties of being unable to speak English or understand even the simplest of cultural differences.

"It gave me an appreciation at a young age of how important it is to be able to communicate."

"I feel like we give patients back their dignity," she says.

"A lot of doctors say to us 'We don't know what we would do without your assistance'."

Lesbian, Gay, Bisexual and Transgender and Intersex Communities

Western Health recognises the importance of creating a hospital where all diversity, including gender and sexuality, is not only accepted but also informs how we care for our patients. Being inclusive in the way we care, engage, and communicate with our patients, visitors, volunteers and staff contributes to a culture of safety, respect and wellbeing.

With the development of the Western Health 2017-2020 LGBTI Inclusion Plan in 2017, we will continue to implement actions within the plan to be an openly welcoming organisation. These actions include on-going training for staff and volunteers in LGBTI awareness and inclusive practice, as well as organisational participation and celebration of International Day against Homophobia, Biphobia and Transphobia and the midsummer Pride March. We worked with other health networks and key organisations such as GLHV (formerly Gay and Lesbian Health Victoria) and Victorian Transcultural Mental Health to increase our knowledge and awareness of inclusive practice as well as contribute to its promotion.

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.

Western Health has recently formed a National Disability Insurance Scheme (NDIS) and Disability Working Group. Membership is varied between Medical staff, Operations Managers, Nursing, the Manager of Consumer Partnerships and Diversity, and Allied Health. The group is also looking for a consumer to join.

The initial focus of the group will be NDIS roll out in our community, with the plan to have early identification of patients who may require NDIS and early support coordination by having the right clinicians involved early in the patient journey to determine the best timely outcome for the patient. The group has networked with other Health Services to understand others' experiences.

Western Health was honoured with a prestigious award for support of special-needs patients in 2017.



Our specialist dental service for special-needs patients, run in conjunction with Dental Health Services Victoria, won a top prize at the Victorian Public Healthcare Awards in October 2017.

The service which provides dental care for patients with an intellectual disability and other complex medical conditions, often under general anaesthesia, was recognised with the inaugural Safer Care Victoria "Compassionate Care Award". It is the only service of its kind in Victoria.

Improving Care for Aboriginal & Torres Strait Islander Patients

Western Health respectfully acknowledges the Traditional Owners and Custodians, on which all of our sites stand, the Wurundjeri and Boon Wurrung peoples of the Kulin Nation and pay our respects to their Elders, past, present and future.

Western Health continues to be committed to improving Aboriginal and Torres Strait Islander health, by providing a culturally respectful, high quality, safe, collaborative and holistic health care organisation. We support the objectives and priorities of the Victorian Government's Korin Korin Balit-Djak Aboriginal Health, Wellbeing and Safety Strategic Plan 2017-2027.

ABORIGINAL HEALTH UNIT

Western Health's Aboriginal Hospital Liaison Officers (AHLO) continue to support patients to navigate Western Health's hospital systems, developing pathways and referral process to various departments, attending Mental Health tribunals and support services, assisting families through grieving processes and developing staff through cultural awareness and identification processes.

Western Health's Aboriginal Health Roadmap 2015-2018 was developed through a collaborative process involving Western Health staff, Aboriginal and Torres Strait Islander community and key community organisations. The implementation of the roadmap is driven by the Aboriginal Health Unit and overseen by the Aboriginal Health Steering Committee, with ongoing monitoring and reporting mechanisms in place.

GALINJERA CASELOAD MODEL OF CARE

In October 2017, a specific Midwifery Group Practice (MGP) team (named 'Galinjera') was formed to provide continuity of midwifery care to Aboriginal and/or Torres Strait Islander (herein referred to as Aboriginal) families accessing maternity services at Sunshine Hospital. This initiative is part of a multi-site research program entitled 'Woman's Journey' which aims to improve the health of Aboriginal mothers and babies through continuity of midwifery care. Participating sites include Sunshine Hospital, The Royal Women's Hospital, Mercy Hospital Heidelberg and Goulburn Valley Health, Shepparton.



Galinjera is a word from the Wemba Wemba language group meaning, 'to come together and connect with love'.

The Galinjera team have assumed the care of 51 Aboriginal women/babies since commencing recruitment in October 2017. The team has grown to accommodate community need and now comprises a Koori Maternity Services Co-ordinator, 4 Midwives, 2 Obstetricians, a Research Midwife and a Social Worker.



What families have said about their Galinjera experience:

“I didn’t have any family in Melbourne and the support I received through the Galinjera program has meant that I didn’t feel alone”

“Having the same Galinjera midwife meant that I didn’t have to keep explaining myself. I got to know my midwife and she got to know me. It made me feel safe”

The Galinjera antenatal clinic runs each Friday at Sunshine Hospital. In the coming months, the Galinjera midwifery team will invite Aboriginal student midwives to take part in clinical training and mentorship. In addition, the program continues to forge strong connections with community partnerships with external organisations such as the Victorian Aboriginal Child Care Agency and the Victorian Aboriginal Legal Service.

SCHOOL BASED TRAINEESHIP

As part of our commitment to Closing the Gap, Western Health in collaboration with the WPC Group (not-for-profit Apprenticeship and Traineeship Group) has enrolled four Aboriginal and Torres Strait Islander Year 11 students from the western/northern region of Melbourne, in a School Based Traineeship – Certificate III in Business.

Phoebe Amedovski, Allira McAuley-Dryden, Riah Morgan and Lucy Vicendese have continued to complete their core secondary school curriculum while combining training and working in a real job with a real wage, while attending school for the past 12 months. Western Health has committed to providing the students with the support and work placements one day a week across three departments, including the Aboriginal Health Unit, Education and People and Culture Services since July 2017.

This program has allowed the students to develop workplace skills, knowledge, confidence and opportunities to explore future career pathways in healthcare while providing an insight into the everyday operation of a large and rapidly growing health service. This program is not only a great innovative opportunity for those wanting to enter the healthcare workforce but it is also a great opportunity in improving career pathway opportunities for Aboriginal youth in our region.

The four students are due to complete both the program and qualification by the end of October 2018. Overall this has been a wonderful and unique program for our four Aboriginal SBAT (School Based Apprenticeship or Traineeship) students.

Pictured left to right: Allira, Lucy, Phoebe, Riah.

Claudette's Story

Having an Aboriginal Liaison Officer by her side at Sunshine Hospital was crucial for Claudette Lovett, a proud Gunditjmara woman, when she lost her brother.

The date November 16, 2017, is one that Claudette Lovett would prefer to forget.

Not only was her brother lying unconscious in intensive care at Sunshine Hospital, she was overcome by chronic pain and whisked to the Emergency Department.

"I had been experiencing pain in my feet on and off for four weeks, and it got to the point where I couldn't put one foot in front of the other without excruciating pain. They had to wheel me down to Emergency."

Sadly, her brother died four days later, his weakened, enlarged heart failing to recover after the massive cardiac arrest that put him in the Intensive Care Unit.



Without the assistance and understanding of the Aboriginal Health Unit at Western Health, the family's trauma would have been compounded.

Claudette hails from the Gunditjmara community, and says the cultural sensitivities and understanding provided by Aboriginal Hospital Liaison Officers were invaluable.

"So much of what they did was amazing. They made sure we were comfortable, that we had access to everything we needed, and gave extra support to the family," says Claudette, a social worker.

"When it became clear he was not coming out of hospital, they helped us with a culturally appropriate funeral service and put us in touch with the Aboriginal Advancement League."

She says the liaison officers were a big help in family meetings with medical staff, breaking down complex terms and offering a "second ear" to listen and comprehend during a stressful and emotional time.

"A private room for grieving was provided before and after his life support was turned off", she says.

"That was very important for us," she says.

"We gathered around his bedside and sung him away to goodbye."

Claudette, the family matriarch, says her own grief was suspended as she dealt with funeral arrangements and her own health issues.

Now, the healing begins.



Comprehensive Care

Western Health has continued to prepare for the introduction the new National Safety and Quality Health Service Standard on Comprehensive Care. This standard brings together domains of patient care such as pressure injury prevention, falls prevention, nutrition and cognition. It is hoped that by bringing these care domains together, it will support early identification of risks, coordinated care planning, involvement of the family, and improve the patient journey.

To support delivery of comprehensive care our Person Centred Care Committee has implemented a new committee structure including setting up five action advisory groups focusing on the above patient care domains.

One of these advisory groups covers Nutrition and Hydration.

NUTRITION MANAGEMENT



Ongoing work continues to improve the Nutritional care of patients including the identification and management of Malnutrition. This is recognised as an important priority for patients of Western Health.

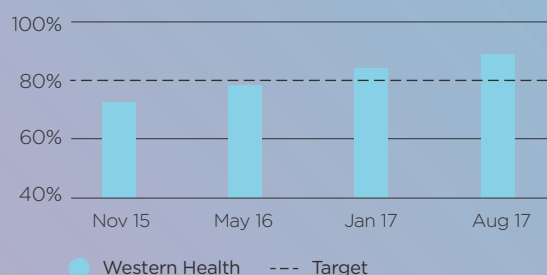
Four programs have been rolled out across our hospitals to improve Nutritional care, including increased assistance with meals. Our Volunteer Meal Assistance Program (VMAP) provides social support and assistance with patient meal set up and the opening of food packages. This program runs on nine wards across Footscray, Sunshine and Williamstown hospitals.

Approximately 100 volunteers have been recruited to support VMAP. In 2017, a Corporate Volunteer Program commenced, with approximately 30

volunteers (including senior staff) trained to participate in VMAP. Patients involved in VMAP report that they obtain the assistance required at meal times and lunch is more enjoyable. The majority of patients also report their mood improving and they eat more when a volunteer is present.

Ensuring that patients are screened for Malnutrition is important for the management of patients at risk of Malnutrition. The graph below shows a significant improvement in the completion of the Western Health Malnutrition Screening Tool. This has been informed by the implementation and education of nutrition nurse champions, as well as auditing activity.

PERCENTAGE OF PATIENTS WITH COMPLETED MALNUTRITION SCREENING TOOL





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.

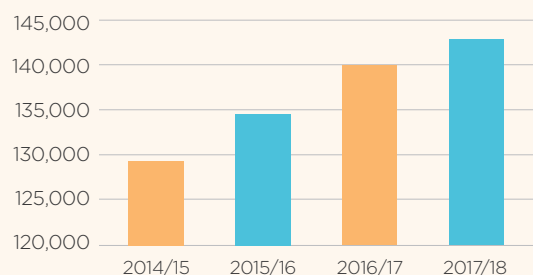
This section of the Quality Account focuses on activities and achievements that support improved outcomes under the Best Care dimension of Co-ordinated Care.

Co-ordinating Emergency Care

AT A GLANCE

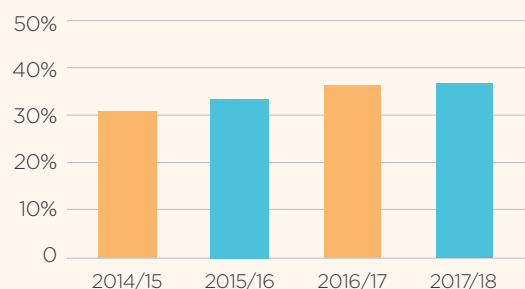
NUMBER OF EMERGENCY DEPARTMENT PATIENTS

Our emergency departments are busy and increasingly getting busier



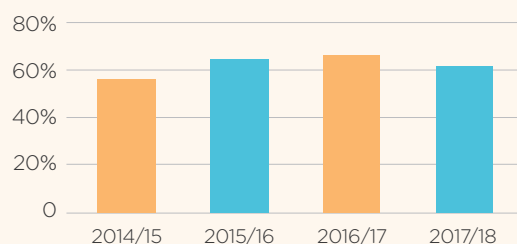
NUMBER OF EMERGENCY DEPARTMENT PATIENTS ADMITTED

More emergency department patients require inpatient care



PERCENTAGE OF EMERGENCY DEPARTMENT PATIENTS DISCHARGED IN LESS THAN 4 HOURS

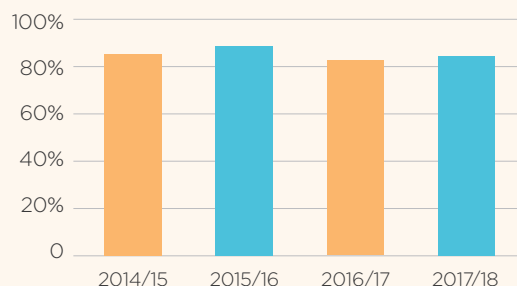
Increasing demand within facilities not designed to care for this many patients, more acutely unwell patients (including more ambulance arrivals) and long waits for mental health patients to access beds have impacted upon our capacity to provide timely care.



PATIENT SATISFACTION WITH EMERGENCY DEPARTMENT CARE

(source: Victorian Health Experience Monitor Jan-Mar)

Despite challenges to providing timely care, patients are still positive in their feedback about the care they receive in our emergency departments.



2017/18 was another challenging and busy year for the Emergency Departments (EDs) of Western Health. Increasing demand for emergency medicine services continued to create pressure at Footscray and Sunshine Hospitals. As in previous years, the winter period was the time when our community most needed the services of our EDs.

In the last twelve months 142,889 people came to Western Health EDs seeking care. This is a 2% increase on the previous year's activity. Our EDs also experienced a 5% increase in the number of patients arriving in an ambulance.

Work at Western Health has continued over the past year to improve timely access to emergency care. We have been supported by our involvement in the Victorian Government's *Better Care Victoria's Emergency Access Improvement Collaborative* – a state-wide project that aims to redesign and improve emergency care.

An emerging issue for the staff of our Emergency Departments is the notable increase in how unwell patients are who are presenting for care. In the past twelve months, more patients arrived in the higher clinical categories than in any other previous year. More acutely unwell patients often lead to a reduced capacity to see patients who present through the waiting room. As a result, 6.9% of our patients failed to wait for care. In response, Western Health has recently installed General Practitioner kiosks in both the Footscray and Sunshine Emergency Departments. These kiosks provide patients with the opportunity to connect with a local General Practitioner. In many cases, non-urgent patients have decided to access care with a General Practitioner rather than wait their turn in the Emergency Department.

To improve the information we provide our patients about wait times the ED waiting rooms are now equipped with LCD monitors that display waiting times for services. This is to ensure our patients are better informed of potential delays. This initiative has been received positively by patients.

The number of patients presenting to the ED requiring care for mental illness has increased significantly at Footscray Hospital in particular. Western Health has appointed a Service Development Manager for Mental Health to support co-ordination of care for these patients. We have also been able to strengthen partnerships with our mental health specialist providers, North West Mental Health and Werribee Mercy Mental Health, to ensure better relationships to improve access and services for patients with a mental illness who present to our EDs.

Maintaining staff and patient safety is a high priority for all our EDs. Significant work has been undertaken at Sunshine Hospital ED to reduce the incidence of occupational violence, improving the safety and security of all of our patients and staff. The installation of additional closed circuit television cameras has been key to reducing the incidence of occupational violence at Sunshine Hospital.

The Footscray ED was successful in receiving Department of Health & Human Services funding to install a Behavioural Assessment Room. This room provides staff with the ability to safely assess and develop treatment plans for patients with behaviours of concern. These works will commence in the second half of 2018.

In further good news, Sunshine Hospital will be getting a much bigger and better ED, thanks to a 29.6 million dollar redevelopment funded by the State Government.



The funding, announced in the May 2018 State Budget, means Sunshine Hospital's redeveloped emergency department, once completed by early 2021, will have capacity to treat an extra 59,000 emergency patients per year.



June's Story

It's the last place anyone wants to end up.

No matter the time or day, Footscray Hospital's emergency department throbs with broken bones and broken lives, treating about 35,000 patients a year.

But amid the suffering and stress, volunteer June Hansen provides an oasis of calm. June is one of 13 volunteers dispensing kindness, comfort and compassion when it's needed most.

Cases run the gamut of heart attacks to substance abuse, falls at home and psychiatric episodes – a steady procession of pain, walking, hobbling and being wheeled through the doors.

In her nine years in Footscray's ED, June, a sweet but steely grandmother with impeccable dress sense, has seen it all. Like the homeless teen shooting up in the toilets, and a woman so desperate for alcohol she drank the hand sanitiser in her cubicle.

"I get asked how I can work around all this, but I'm not frightened. People need someone to talk to. Sometimes they open up about things they don't

even tell the doctors about. You meet some lovely people, and they sing out 'June, I'm back in again'. Listening is the most important thing, and I get on with them all."

Three days a week at Footscray, she gently approaches patients, telling them she's a volunteer and offering a warm blanket. Her kind demeanour means she is often chosen by doctors to sit with patients, providing a listening ear, a cup of tea or just some company.

June has been a hospital volunteer for a remarkable 49 years, starting off at the Royal Children's Hospital and then the Peter MacCallum Cancer Centre after being treated for breast cancer at 28. She says she has always loved people, and her own health battle filled her with a desire to give back. Her volunteering efforts have not gone unnoticed, with June winning the Healthy and Active Living Award during the 2013 Victorian Senior of the Year Awards at Government House.

But for June, the best reward is making a difference in people's lives.



IMPROVING ACCESS TO CARE - VIRTUAL FRACTURE CLINIC

Implemented in April 2017, Western Health's Virtual Fracture Clinic provides safe and effective phone management for adult patients with simple fractures presenting to our Emergency Departments (EDs). In an Australian first, Western Health has adapted the NHS (UK National Health Service) model for Virtual Fracture Clinics to include specially trained and credentialed Advanced Practice Physiotherapists. These Physiotherapists make clinical management decisions for the care of simple Orthopaedic fractures.

Prior to implementing the Virtual Fracture Clinic, simple orthopaedic fractures were assessed in the ED, and then referred to the Outpatient Orthopaedic Fracture Clinic for subsequent management. This Clinic operates once a week and faces significant demand for its services. A consequence of the Orthopaedic Fracture Clinic being scheduled only once a week is that late presenting fractures to the ED may have to wait for an additional 6-7 days for an Orthopaedic review. Such a delay has the potential to negatively impact patient outcomes.

Better Care Victoria (BCV) Innovation Funding was received to support a Virtual Fracture Clinic pilot. Our Virtual Fracture Clinic model comprises two components: triage and virtual (phone) management.



At the 12 month mark (April 2018),
**2,612 Emergency
Department referrals**
had been triaged through the
Virtual Fracture Clinic, with
Virtual management provided to
716 patients.

All patients managed virtually received clinician contact within 3 days of ED presentation.

Patient feedback was sought from all patients managed virtually in the 3 months post commencement of the service. Feedback indicated a high level of satisfaction with the clinic with patients likely to recommend the service to a relative or friend.

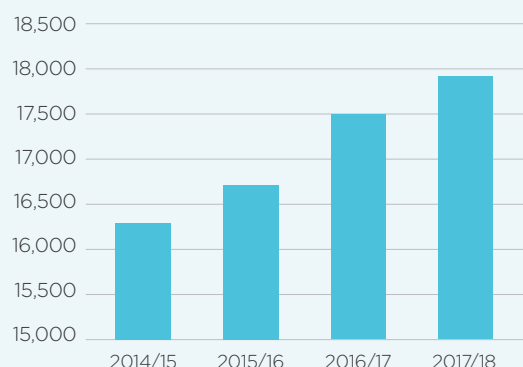
Western Health is confident that the model has provided better patient outcomes and reduced avoidable health service costs.

Co-ordinating Surgical Care

AT A GLANCE

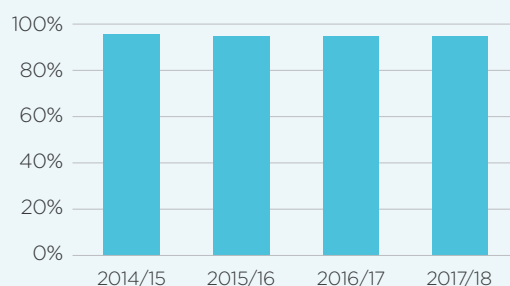
PATIENTS ADDED TO THE ELECTIVE SURGERY WAITING LIST

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



CATEGORY 1-3 PATIENTS ADMITTED WITHIN THE RECOMMENDED TIMEFRAME

We continue to admit over 93% of Elective Surgery Waiting List patients with an urgency category between 1-3 within the recommended time (100% for category 1 - most urgent)

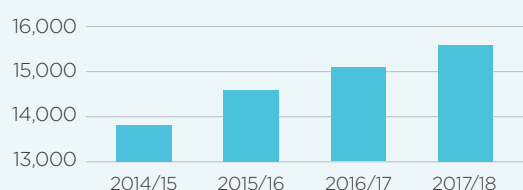


Emergency Surgery

Patients presenting to our Emergency Departments and requiring emergency surgery are getting more complex and are sicker year on year.

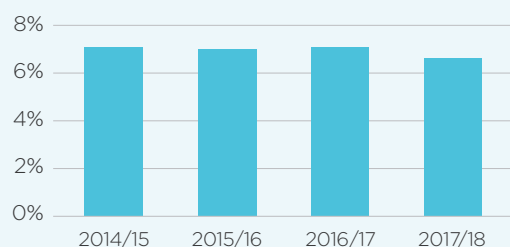
PATIENTS ADMITTED OFF THE ELECTIVE SURGERY WAITING LIST

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



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%





Compared to the previous year,
an additional

526 elective surgery patients

have undergone surgical
procedures.

This is despite the increase in the Category 1 (most urgent) and emergency surgery caseload. This further demand for surgical services has resulted in an overall increase of 834 patients receiving surgery through Western Health's operating rooms.

To further support achievement of the National Surgery targets, a new elective surgery wait list form has been developed and agreed. This new wait list form ensures we are setting achievable expectations for our patients in relation to the time they will wait for their procedures.

With the operating rooms now at capacity across all campuses, planning is well underway for the new Joan

Kirner Women's and Children's Hospital theatre suite. Western Health is excited about the opportunities this will bring to better deliver surgical services across all Western Health hospitals for our patients.

Whilst we wait on the opening of the new theatre suite, support from the Department of Health and Human Services has enabled additional weekend surgery lists to be undertaken to achieve the elective surgery waiting list target.

Western Health admitted significantly more patients from our elective surgery waiting list in 2017/18. This reflects an improved performance in managing specialist clinics waiting lists. Unfortunately, we have also seen a sharp increase in numbers of patients added to the elective surgery wait list.

To improve access to elective surgery services for disadvantaged groups, the Dental Disability Program continues to go from strength to strength, providing dental surgery for people with serious and outstanding dental problems in the west.

Sunbury Day Hospital continues to facilitate more complex surgical procedures, such as wide local breast excisions and sentinel node biopsies in otherwise well women aged between 35 and 51 to meet patient needs.

Co-ordinating Maternity Care

AT A GLANCE

Demand for maternity services

Our community has one of the highest rates of birth in Australia, with birth numbers set to increase from around 5,600 per year to over 7,200 by 2026.

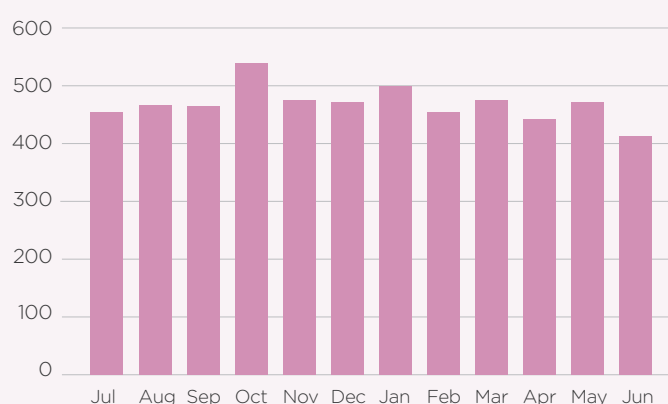
Demand for Maternity Services at Western Health continues to increase. In 2017/18 Western Health supported the delivery of 5,637 babies, 190 more babies than the previous year, representing a 3.5% increase.

In October 2017, staff delivered 542 babies at Sunshine Hospital. This is the highest number of births ever recorded in a month at Western Health. This level of activity highlights the importance of the Joan Kirner Women's and Children's Hospital currently under construction.

The new hospital (due to open in 2019), is a nine level, purpose built women's and children's facility. In the past year, Western Health has worked hard to prepare for the move into the new facility.

NUMBER OF BIRTHS 2017/18

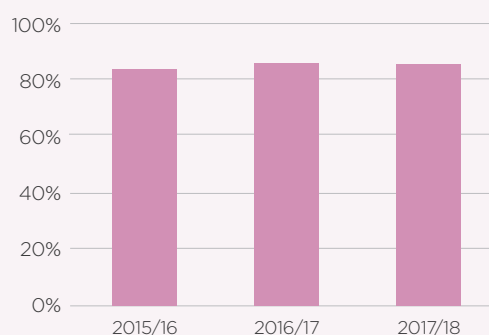
In order to meet current demand for maternity care, we support the birth of over 400 babies per month, with facilities not originally designed to care for this many patients.



PATIENTS SATISFIED WITH MATERNITY CARE

(source: Victorian Health Experience Monitor Jan-Mar)

Patient satisfaction with overall care is positive.



Maryann's Story

It's a rare trip to the local shopping centre when Maryann Scales is not approached by an appreciative mother. "Sometimes when I go shopping locally I can't get it done because women are coming up to me saying 'you delivered my baby'," says Maryann, laughing.

With more than three decades' experience as a midwife, Maryann has long lost count of how many babies she has delivered. Remembering the names and faces of the newborns' parents is simply impossible. But what is never lost, says the Associate Midwife Unit Manager at Sunshine Hospital, is the joy – and sometimes grief – that comes from working in one of Victoria's busiest birthing units.

"I really love midwifery," Maryann says. "Generally speaking the women are healthy and childbirth is a positive experience. But I have also seen a lot of major, critical incidents and sadness". At the extreme end is the death of a baby or mother. "That's very emotional," says Maryann, who has also worked in maternity wards in England and India. "It's always hard, however many times you've seen it".

Maryann was recently honored at Western Health's 2017 Service Awards, joining a small and exclusive club of staff to have notched up 35 years within the organisation. Maryann has a simple explanation for her extraordinary tenure, which includes 27 years at Sunshine Hospital: "I love the people I work with. They have become my extended family."

Maryann says the roles of midwives have changed significantly over her career. While "straightforward" birthing was once the majority, women with a variety of complications are now increasingly common.

"In spite of all the daily challenges, I really love my job as a midwife at Sunshine Hospital."



REVIEWING SAFE, QUALITY CARE FOR MOTHERS AND BABIES

The Victorian Perinatal Services Performance Indicators Report is designed to help improve outcomes for Victorian women and their babies. The report allows Maternity Departments to track performance, and trends across a set of performance indicators and identify areas for improvement.

Western Health's performance against 3 of the 16 indicators in the 2016/17 (latest available) perinatal data are identified as areas for potential improvement.

1. Rate of third-and fourth-degree perineal tears in a woman who is having their first baby and having a normal birth.

Perineal trauma can be difficult to predict or prevent, and remains an inherent risk for all maternity services worldwide. Current rates of perineal trauma following birth at Sunshine Hospital are at a level that we are further analysing. A senior maternity doctor has commenced a comprehensive review of current practice and is linking in with existing work being undertaken internally and externally. At the same time, a multi-professional working party will commence to review the complex issues that may impact upon optimal perineal outcomes for women during childbirth supported by the best available evidence.

2. Readmissions during the postnatal period with babies.

Review of available data suggests that the majority of readmissions were due to neonatal jaundice. In response to this finding, we have recently commenced the practice of pre discharge jaundice screening of all babies to ensure they are ready for discharge.

3. Access to antenatal care for women who had their first antenatal visit with a maternity care provider prior to 12 weeks' gestation.

Currently, it is unclear if there is an underlying issue of delayed referral to Western Health for antenatal care or delayed booking of a first visit. There are plans for this to be further reviewed, with associated recommendations for improved practice to be identified as required.

IMPROVING CLINICAL PRACTICE - MOTHER PROJECT

To reduce the incidence of post-partum (post birth) haemorrhage, a Post-Partum Haemorrhage Strategy Committee was established in July 2017. Following a review of clinical practices aimed at minimising the chance of post-partum haemorrhage, the Committee focused its efforts on several projects to enhance prevention and management of post-partum haemorrhage. One of these projects is the MOTHER project, (**M**idwifery **O**bstetrics **T**heatre anaesthesia **H**esitation **R**esponse).

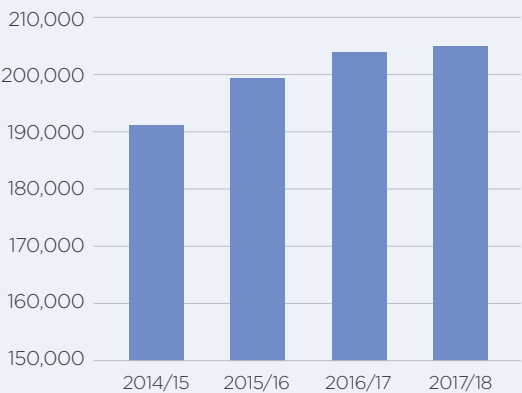
The MOTHER Project has been developed using expertise in education, training and crisis management to improve prevention and management of post-partum haemorrhage. MOTHER is a set of mental aids and an education package aimed at supporting skills and team-based management of post-partum haemorrhage. The individual components of the MOTHER package include:

- **Management overview cards** which describe key tasks, personnel and escalation triggers at each stage of post-partum haemorrhage.
- **Staff member task cards** for each of eleven key staff roles.
- A 1-hour **education package** that has been designed to familiarise staff with concepts of crisis resource management and the practical use of cognitive aids.

Co-ordinating Specialist Clinics Care

NUMBER OF OUTPATIENT PRESENTATIONS

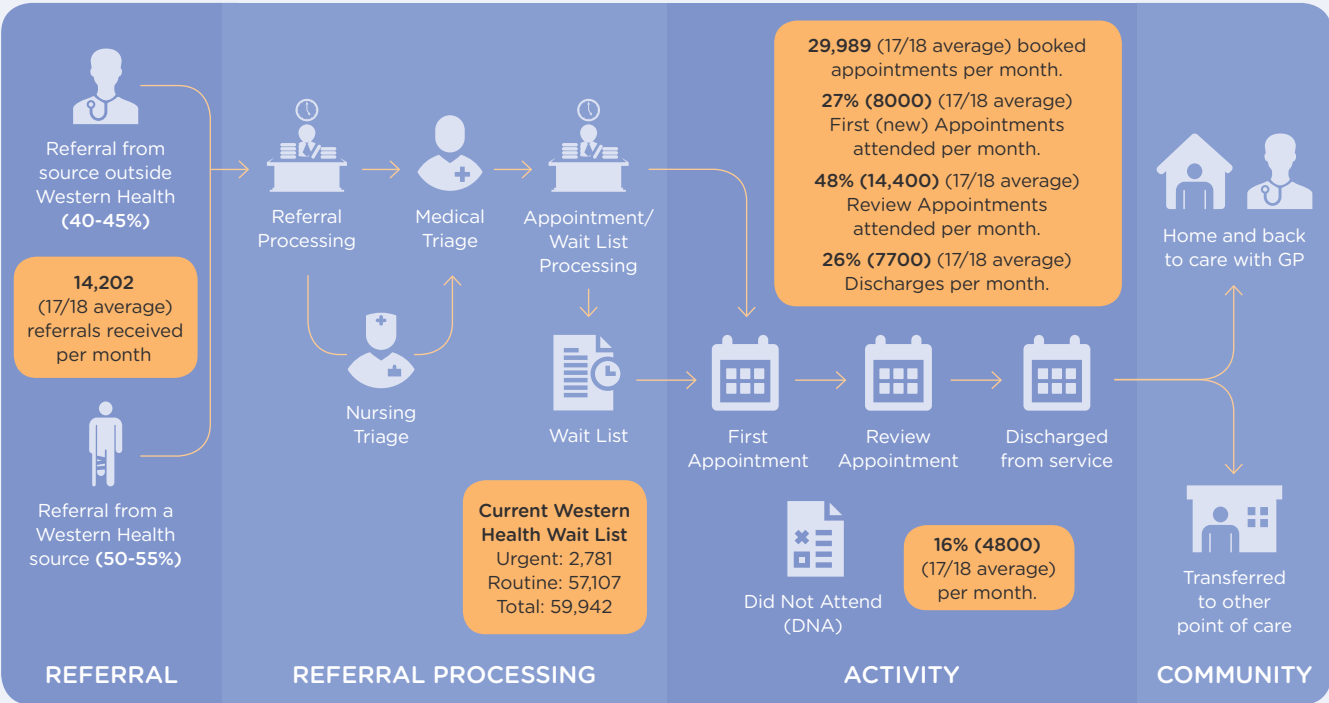
We are seeing more patients every year in an attempt to meet the high demand for Outpatient services.



In order to further increase Western Health’s ability to meet a high demand for outpatient specialist clinics services, we have developed the Specialist Clinics Roadmap. The Roadmap sets out a four year path to reform specialist clinics by:

- Considering innovative models and changing culture;
- Improving access and involving consumers;
- Enabling efficient and effective workflows.

FIGURE: A YEAR OF ACTIVITY IN SPECIALIST CLINICS AT WESTERN HEALTH



Over the past 12 months, Western Health participated in the Better Care Victoria funded Specialist Clinic Access Improvement Partnership. The Partnership involved Western Health collaborating with eleven other Victorian health services to initiate improvements in specialist clinics. The work at Western Health has seen six specialist clinics develop new timely access and referral guidelines. This will ensure patients are triaged correctly according to urgency, and offered the most appropriate appointment. The guidelines have been developed with the support of the North Western Primary Health Care Network (NWPHN). Partnering and improving our relationships with primary care providers is very important as we look to improve specialist clinics services for our communities.

Western Health plans to build on this work in 2018/19 by supporting more specialist groups develop improved access and referral guidelines.

IMPROVING ACCESS AND CARE – WOMEN’S HEALTH ADVANCED PRACTICE PHYSIOTHERAPY CLINIC

Pelvic floor disorders including incontinence, and pelvic organ prolapse are experienced by women across the spectrum of their lives, and are known to increase in severity and prevalence with age. A recent study found that 48% of older Australian women have one or more pelvic disorders. These conditions impact on people’s ability to engage in education, employment, social endeavours and are a disability burden for the individual and their carers.

The first point of care accessed by women with pelvic disorders is often their General Practitioner. Most women are subsequently referred to a public hospital for assessment and treatment in a Gynaecology or Urogynaecology Clinic. At Western Health, the waiting time for review in the Urogynaecology Clinic can be up to 18 months. With the growing population in the west of Melbourne, this figure is only likely to grow.

In response to this issue, the Women’s Health Advanced Practice Physiotherapy clinic was implemented at Western Health. The clinic is led by an experienced, skilled and credentialed pelvic floor Physiotherapist. The clinic accepts referrals from General Practitioners for patients with urinary incontinence and/or pelvic organ prolapse. In collaboration with Western Health’s Urogynaecology

Medical Consultant, a comprehensive clinical service model was developed to support the effective and safe delivery of services.

The success of the Clinic has embodied our principles of Best Care. ‘Right Care’ was provided as 69% of patients assessed by the Physiotherapist were effectively managed without the need for medical review. The care was ‘Person-Centred’ as patient feedback indicated high level of satisfaction and a positive experience. The care was ‘Coordinated’ as women with debilitating continence issues were able to access expert treatment in less than 4 months compared with 18 month previously. Importantly the care was ‘safe’ with no adverse events occurring and robust clinical governance.



The Advance Practice Physiotherapy Clinic was ‘highly commended’ in the Excellence in Women’s Health category at the 2017 Victorian Public Healthcare Awards.



Discharge planning

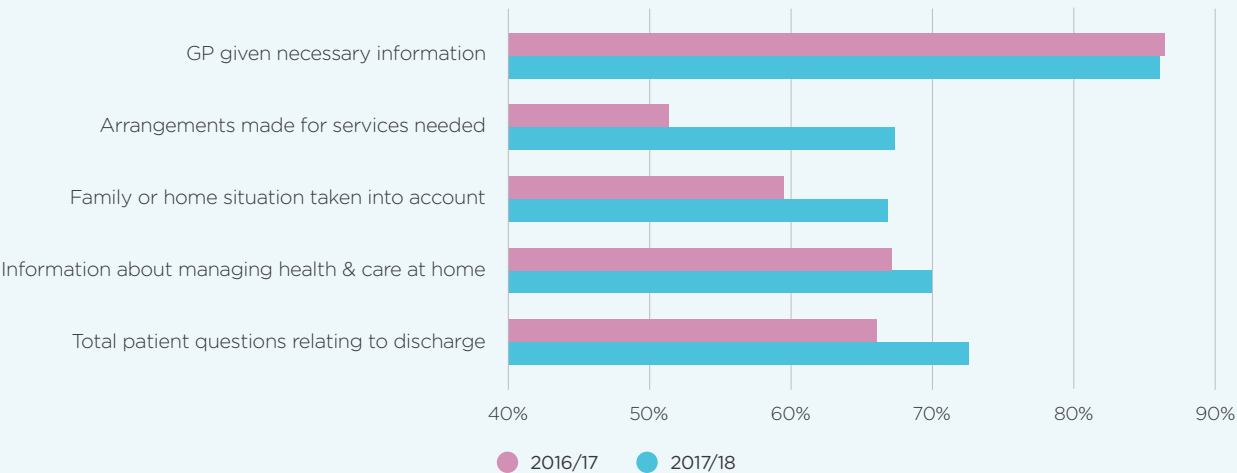
Over the past 12 months Western Health has implemented a number of initiatives to improve the way we communicate with and support patients with discharge planning. These include:

- Implementation of Advice, Co-ordination and Expertise (ACE) teams supporting complex discharge planning and the transition of patients with multiple clinical needs into the community
- Piloting of a successful discharge co-ordination project on two wards at Sunshine Hospital. This project improved the local patient experience as clarity was provided to patients about their estimated date of discharge. A plan to scale this initiative across the health service is in place for the upcoming year.
- Implementation of our new GP messaging system, Pulse, with the number of GP practices registered to receive electronic messages at 111 at the end of June 2018.
- Development of a Patient Friendly Discharge Information Sheet

The Victorian Health Experience Survey (VHES) includes a series of questions on patient’s satisfaction with discharge planning process. The following graph shows that our efforts in the last 12-18 months to further develop and improve discharge planning information and supports appear to have had a positive impact on patient satisfaction ratings.

While an improvement in satisfaction ratings is pleasing, we started from a fairly low base with some of the areas noted below. We aim to continue to develop and identify opportunities to improve discharge planning.

PERCENTAGE OF POSITIVE PATIENT RATINGS ON DISCHARGE PLANNING
(Victorian Health Experience Survey Results: January - March)



Kiri's Story

Kiri Martyn is part of an innovative new team called ACE – Advice, Co-ordination and Expertise – whose staff are stationed on wards and in emergency departments to help improve outcomes for ‘complex’ patients.

On a daily basis, she arranges anything from rehabilitation appointments to GP referrals, emergency accommodation and medical equipment for patients who often fall between the gaps.

She says there's nothing else quite like the integrated service in Victoria, which aims to get patients home quicker and reduce hospital presentations and admissions by identifying those needing extra support.

“Many of the patients we work with are coming to hospital frequently, might have several different medical conditions or limited support at home, and some are in financial hardship,” she says. Our job is

to link them in with community services and support them when they go home, so they only need to come into hospital when it's medically necessary.”

She said the ACE team was working closely with the medical staff as well as other clinicians, freeing up their time to focus on patients. “In the past, the community services team would get referrals from nurses and other health staff,” she said. “Traditionally, doctors didn't use community services, and they often weren't aware of what could be arranged for patients once they left hospital. But now with the ACE care-coordinators aligned with each medical unit, the doctors have a key person they can rely on to link their patients in with the services they require.”

“Our profile within the medical teams has increased. They feel comfortable that there's someone there that they can contact, and we are involved in meetings about patient care from day one.”

Kiri trained as a physiotherapist and worked in aged care but wanted to be able to help on a broader scale. “For me, I just like helping people,” she says. “A lot of things come to us that don't seem to be anyone's particular problem, and no one wants to deal with it.

But I like being the person that says ‘Yes – I can help’.





Right Care

“I receive care that makes me feel better”

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

This section of the Quality Account 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

NEW FOOTSCRAY HOSPITAL

Footscray Hospital has been at the heart of our community for 65 years. We need a modern facility to match the excellent care provided by our staff and supported by our volunteers.

In May, our planning for a new Footscray Hospital reached a key milestone. We received welcome news in the 2018 State Budget that the Victorian Government has provided funds to purchase land for a new hospital. A decision about the chosen site will be made soon. Rebuilding Footscray Hospital has long been a top priority for our community and securing funding for its rebuild remains at the top of our Board and Executive team's agenda.

JOAN KIRNER WOMEN'S & CHILDREN'S HOSPITAL

It has been wonderful to watch the new Joan Kirner Women's & Children's Hospital rise from the ground. We know how critical this facility is to young families in the west.

Work is progressing quickly, with 245 construction workers onsite daily and the first coats of paint being applied. Construction will be finished and the new facility opened in 2019.

IMPROVING WILLIAMSTOWN HOSPITAL

The Heart of Williamstown Appeal, aimed at transforming the public spaces of the Williamstown Hospital, has received generous support from the community. Thanks to the leadership of local leaders, including the former Victorian Premier and Patron of the appeal, the Hon Steve Bracks, the fund has now reached the \$2.2 million target to begin construction of the new spaces.

The project will significantly improve amenities for patients, visitors and staff. The Western Health Foundation generated the appeal and continues to manage it.

ENVIRONMENTAL IMPACT OF HEALTHCARE

Research undertaken by Western Health in 2015 showed that the environmental impact of healthcare troubles many of our staff, particularly around issues of waste. Single-use metal instruments (SUMIs) are mentioned frequently as an area of concern. These are devices that are used in operations, and in the past, were disposed of and contributed to landfill.

In 2016 Western Health successfully rolled out the Single Use Metal Instruments Recycling Program across all sites. The program's campaign approach was simple and accessible, and straightforward for staff to engage with, and was awarded the 2017 Premier's Sustainability Award in the Health Category.

We have now calculated that over 500kg of steel was recycled that year, representing approximately 80 per cent of all SUMIs purchased. The program's accessibility resulted in a positive engagement of staff in the sustainability program, leading to improved staff perceptions around their ability to influence waste and do the right thing at work.





Supporting Vulnerable Members of our Community

Western Health 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.

HEALTH EQUITY TEAM

Within the past 12 months, Western Health launched a Health Equity program, which covers a number of initiatives to ensure that every person has the opportunity to attain his or her full health potential.

An organisational Health Equity Team has been formed to support this program.

Achieving health equity means recognising that not everyone has the same opportunities to lead a healthy life, and actively taking steps to correct this.

ADDRESSING FAMILY VIOLENCE

One of the major focuses of Western Health's Health Equity program is addressing family violence.

The State Government unveiled Ending Family Violence: Victoria's Plan for Change in response to the Royal Commission into Family Violence, which included 227 recommendations for a "system-wide" overhaul when its final report was handed down in 2016.

As a part of this response, Western Health along with all health services were required to introduce a series of measures to address family violence, including strengthened screening and risk assessment procedures, greater workforce training and development, and better coordination and information sharing between different parts of the health-care system.

Our Health Equity team has since been working very hard to ensure Western Health complies with these new requirements.

Training, for both management and clinical staff, to identify and respond to disclosures of family violence is now well under way, with over 500 staff and volunteers trained to-date. In addition, compulsory family violence screening is currently being implemented in Western Health's antenatal clinics.

Pictured: Anne Ingram, Assunta Morrone, and Rachel Rosens – members of the Health Equity team.

Health Cares About Family Violence Forum

The devastating impact of family violence – and how Western Health is working to protect patients and staff – was given centre stage at the annual Health Cares About Family Violence forum in May. Organised by the Health Equity team, the forum featured an impressive line-up of expert speakers. These included: Maria Dimopoulos, Amnesty International Human Rights Award recipient who sits on numerous government and non-government committees; Guler Altunbas, a visual artist and advocate for the prevention of violence against women and children; Jackson Fairchild from the Victorian AIDS Council; and Monique Hameed, from the Multicultural Centre for Women's Health.

Health Equity Project Lead Assunta Morrone said the forum was just one strategy for raising awareness and understanding of family violence:



“It’s an opportunity for staff to listen and think about how family violence impacts not only our patients but the whole community and how we can work together with our partner agencies and organisations”.

The forum was attended not only by Western Health staff, but also other services, including the Northern Hospital, Peter MacCallum Cancer Centre and Austin Health.

Focusing on Family Violence at Board level

Our Primary Care and Population Health Advisory Committee provides advice to the Western Health Board about how we work with primary health providers, such as GPs and community health centres. Membership of the committee includes general practitioners, local councils, local hospital and community health services, the Primary Care Partnership and the Primary Health Network.

In early June 2018, the Committee held a special meeting with a focus on Family Violence. Along with the regular committee members, invited guests and expert speakers were present to discuss and share knowledge regarding family violence in our region.

The North West Metropolitan Region Primary Care Partnership presented their Identifying and Responding to Family Violence Project, which aims to provide a more streamlined service system response to family violence in its region.

The Health Equity team at Western Health presented on our Health Equity project and Women's Health West, who are the major provider of services for victims of family violence in the West, presented on their range of services available and how to refer.

Finally, a Victoria Police Family Violence Court Liaison Officer discussed intervention order processes and the involvement Victoria Police have when responding to and following-up Family Violence incidents.

It was recognised that many services need to work together, and this includes not only the health sector, but schools, local government and workplaces.



Michelle's* Story

When she was being abused by two consecutive partners and struggling with drug addiction, Michelle was at breaking point. But thanks to a new baby and a lot of support, this new mum has her life back on track.

Michelle's former partner – the baby's father – is in jail. Another boyfriend, who has also spent time behind bars, is now subject to a restraining order. Both men abused Michelle, physically and emotionally.

The 22-year-old has now been left to raise a child on her own. Living once again with her parents and sister and brother, Michelle has vowed to leave years of ice addiction and petty crime behind her and provide a bright future for her daughter Mia*.

"Mia truly has been a blessing," Michelle says. "It scares me to think where I'd be now without her. There were a few times when I would have gone back, but Mia has given me a reason to stay away."

Michelle credits her family, as well as a Western Health midwife with help in turning her life around.

More than just providing pre-and post-natal care, her midwife offered vital emotional support.

"The first time she came to see me was just the best thing," Michelle says. "Not only did she listen to me, but she really said it as it was. She didn't sugar coat anything and she confirmed to me that this was wrong."

"Now all I want to do is be a good mum for Mia. I have been in a lot of bad situations and I want to be able to educate my daughter so she doesn't make the same mistakes."

Michelle's midwife says she is "very proud" of Michelle. "She is an amazing young woman with an equally wonderful family. It just goes to show that you should never give up on anyone. Michelle never gave up, her family never gave up and, as a hospital and a community, we should never give up either."

**Names have been changed.*



SAFEGUARDING CHILDREN AND YOUNG PEOPLE

Across all of its services, sites and operations, Western Health takes seriously its responsibility to provide an environment for children and young people that is caring, nurturing and safe. This includes recognising and supporting the vulnerabilities and needs of children and young people in our community.



Western Health is committed to safeguarding all children and young people from:

- Sexual abuse
- Physical abuse
- Emotional or psychological abuse
- Neglect
- Witnessing family violence

We expect all staff across Western Health, regardless of their role or level of responsibility, and regardless of whether they are paid or unpaid, to act to safeguard children from such harm by adopting the practices and behaviour we have set as our standard. We have developed a Child Safeguarding Plan to guide these practices and behaviours, with implementation underway.

THE GREATEST NEED PROJECT

Western Health takes care of some of the most disadvantaged people in Australia, and where rates of many chronic diseases are well above the national average. Many of our patients experience disadvantage so extreme that they cannot meet their most basic needs.

The Greatest Need project was launched on March 1st 2018, and aims to help these patients who are doing it incredibly tough. Our staff, patients, and volunteers have been sharing their own stories on the Greatest Need Project website (<https://greatestneed.wh.org.au/>) with the singular goal of helping those at Western Health who need it most.

The Project raises funds to help patients suffering severe hardship, while also raising funds to support the health research we undertake at Western Health.

Funds nominated to Patients in Greatest Need support Western Health's Rapid Discharge Support Service. This unique care model assists in the transition of complex patients from hospital to home in a safe and timely manner by ensuring socio-economic barriers to discharge are efficiently and sensitively resolved, and avoids unnecessary admissions to hospital pre or post a day procedure

This truly person-centred, compassionate care model has supported 596 patients over the past 2 years and is now part of the suite of services delivered by Western Health's ACE (Advice, Consultation & Expertise) service described within the Co-ordinated Care section of this Report.



Cherie's Story

Getting discharged from hospital with a new washing machine, gas hot water service or even a mobile phone is not what most patients expect. But Western Health's revolutionary Rapid Discharge Support Service (RDSS) is addressing the underlying needs of some of our most disadvantaged patients and making a huge impact on their lives.

Community Services Division Operations Manager Cherie Hunter is behind the ground-breaking program that is addressing the stories of greatest need in our community that rarely grab the headlines.

The Braybrook man showering with an outdoor hose in the depths of winter, as he's too broke to fix the plumbing. The single woman with no family to fetch her after surgery; the sick parents choosing between food and medical prescriptions; the impoverished refugee family living in a home so filthy it's uninhabitable.

Sadly, they are the real-life stories of residents in the western suburbs, which often lead to a merry-go-round of hospital visits.

Take the man from Braybrook. Every winter, he was presenting to hospital with pneumonia. When hospital staff discovered why, they offered to pay for his plumbing problem to be fixed. Or the 92-year-old woman who was repeatedly treated for a urinary tract infection, as she was using a bucket to launder her reusable continence aids. A new washing machine was sent to her home, and she hasn't returned to hospital since.

Even simple things like cooking meals for the socially isolated, paying a bill or buying a phone for a homeless person so they can book medical appointments are making a substantial difference.

Cherie says the need in the west is among the greatest she has seen in her career, with issues including low income and poor health literacy, a lack of family support, and a high prevalence of chronic and complex medical conditions.

But she says the traditional one-size-fits-all model of hospital care does not always solve the real problem, and can lead to an endless cycle of admissions.



"Our experience has shown that people don't ask for unrealistic things, they don't want to see what's in it for them," she says. "They will say 'Is it OK if someone stops on the way home so I can pick up some groceries?'."

Under the RDSS, surgical nurses assess the needs of elective surgery patients pre-admission and refer them to the team if required, while ward and care coordination staff perform the screening for inpatients.

In the past year, Western Health sent 91 surgical patients with no home support to comfortable hotels to prevent the need for overnight social admissions before or after surgery. Many had never stayed in a hotel room before, or experienced room service, and were overwhelmed with gratitude.

Cherie says the service has resulted in myriad benefits on top of the cost savings, including discharging patients earlier, improved access and flow in the emergency department, and, ultimately, happier patients.

She is in charge of distributing Greatest Need Project funds in the Patients in Greatest Need category. These provide essential items which are currently not funded.



"For me, it's incredibly pleasing to deliver what patients actually need, not what I think they need," she says.

Researching how to improve health outcomes

Western Health is committed to researching how we can improve health outcomes for patients in the West.

Our Research is guided by a 2015-2020 Strategic Roadmap, which outlines the areas of research that are a priority for the organisation. We are very focussed on clinical research and ensuring that our clinicians can translate their research into how they care for their patients every day.



In 2017/2018, our main highlights include approval of

174 research projects,
\$61.7 million worth
of grants, and 480
articles

published in research journals.

The Office of Research provides extensive training to assist researchers at Western Health. Training programs in Health Economics, Statistics and Systematic Reviews are provided free of charge. There is basic training provided for people who are new to research, as well as more high level assistance provided for more experienced researchers. We know that high quality research is critical to improving the care that we provide for our patients.

Western Health is increasing its collaboration with major research partners. Western Health is a major partner in the Gen V project which is being undertaken by the Murdoch Children's Research Institute. This \$20 million dollar project aims to create a large database across Victoria to help health professionals improve the future health and wellbeing of children and the adults they become.

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



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 establish a more supportive, cohesive and integrated model of care for Western Health's chronic and complex patient group.

The goal of the program is to improve the patient experience of care and increase time spent at home compared to hospital stays.

The Western HealthLinks program supports Western Health's higher risk patients by ensuring;

- Timely identification of all patients who are appropriate for the HealthLinks Program
- Assessment of each patient's risk of readmission and referral to suitable services to assist the patient to stay at home
- Development of a quality approach to transition home with input from all health professionals
- Assistance with moving through the health service
- 24/7 Registered Nurse phone support
- Priority Response and Assessment (PRA) service support
- Self-management support using a tool known as the Flinders Chronic Illness Self management plan
- Ensuring that patients are tied in with their GPs
- Rapid access to Western Health specialist clinic and consultant expertise where needed



Through our Performance Framework, the HealthLinks Program continues to demonstrate positive outcomes. At the end of the 2017/18, over 18 months into the pilot, the reduction in hospital based activity continues to provide positive results.

In particular, 86% of patients who have had a health professional sent to their home following a phone call for assistance have been able to stay at home following this episode, compared to attending the emergency department.

To get an idea of the patient's experience of the program, patient experience surveys are being conducted at the start of the program and then every six months. Compared to the initial response, the patient experience continues to get better. Patients have reported high satisfaction with the program, especially with being supported with services in their homes, being able to contact a supportive person 24 hours a day, the responsiveness of the service and the quality of the health professionals supporting them. Identified areas for improvement include feedback about hospital based services wait times, and the need to increase home based services.

Lolita's Story

19 May 2018

"Someone at Sunshine Hospital talked to me about Care Link (HealthLinks) earlier this year. I have great respect and admiration for this wonderful service – I did not have to go through the pain and the long wait at the hospital. Recently I called and within a few hours a Care Nurse called Pooja turned up. She was kind and caring and checked me throughout and made me feel it wasn't necessary to go to the hospital. She also got in touch with my local GP before she came. Such wonderful service – the following day she called me to see how I was. Such caring nurse.

Since seeing Pooja I have deteriorated – my health has gone down. It can be life changing when I had to decide what I want to do. I wanted to abandon everything and just say in bed. Then I thought of Care Link (HealthLinks) and called yesterday. A nurse named Karen turned up. I would like to say that she was like a 'Florence Nightingale' who turned up in the dark and cold.

She had beautiful manners, so kind and compassionate, and she talked without looking at the watch. These are the unsung heroes travelling at all hours caring for the sick. Even though we all communicated we don't always understand each other. We find it easier to talk than listen, but with Karen I was quite comfortable and I listened to her. She is a nurse, but very knowledgeable, whatever conversation I had she was able to answer. She is as good as a doctor.

By the time Karen had left she had checked me thoroughly and assured me I should be able to sleep without going to the hospital. My anxiety disappeared too by the time she left and I went to bed. Today she rang to check on me. She is also trying to liaise with my GP to see how he and she can help me. I cannot believe this wonderful caring service exists. Do people know about this service??

The going is tough for me but with the help of Karen and her honourable ideas to keep me comfortable I feel inspired."

Craig's Story

He has a passion for nephrology research, but Assoc Prof Craig Nelson's mission goes beyond helping patients maintain the health of their kidneys. With the team from the Western Chronic Disease Alliance, he is trying to revolutionise the way the health system detects and manages a range of chronic diseases.

The facts behind what Assoc Prof Craig Nelson considers the "forgotten cousin of the chronic diseases" are sobering. One in 10 Australians will develop kidney disease. And when they do, 95 per cent of them won't be aware of it.

"What a lot of people don't know is that kidney disease is twice as common, and twice as deadly, as diabetes alone," says Assoc Prof Nelson, Head of Western Health's Nephrology Unit.

Improving the rate of diagnosis of kidney disease was the motivation for Assoc Prof Nelson setting up the eMAP CKD (Chronic Kidney Disease) project two years ago. The trial, which involved 170,000 patients across 22 Victorian primary care practices, dramatically increased the detection of chronic kidney disease.

The success of the project, achieved with modified software dubbed "artificial intelligence on primary care desktop", has led to two very significant developments.

The first is the launch of another large-scale primary care trial, the CD IMPACT (Chronic Disease early detection and Improved Management in PrimARy Care Project), which aims to increase the diagnosis of a broad range of chronic diseases. These include heart disease, heart failure, familial hypercholesterolemia, stroke and type II diabetes mellitus as well as Kidney Disease.

The second is the establishment of the Western Chronic Disease Alliance, a collaboration that aims to improve the early detection and management of chronic vascular diseases such as chronic kidney disease, diabetes and cardiovascular disease.

The alliance, chaired by Assoc Prof Nelson, is an evolving partnership between Western Health, the University of Melbourne's Health Economics Unit, Kidney Health Australia, Diabetes Victoria, Heart Foundation, Primary Healthcare Network and Victoria University's Department of Population Health.

Assoc Prof Nelson says the alliance aims to assess two major groups: high-risk patients being re-admitted to hospital who are already using the health service; and rising-risk patients in both the primary care and hospital settings.

Assoc Prof Nelson hopes that the alliance model will, ultimately, be applied to a much broader range of chronic disease, such as respiratory medicine, osteoporosis, mental health, and drug and alcohol issues.





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.

GP PLACEMENT IN CANCER SURVIVORSHIP PROGRAM

In 2016, Western Health was pleased to receive Victorian Government funding for the General Practice Placement in Cancer Survivorship Program for GPs and practice nurses. This program was aimed at improving the understanding of how different care providers can work together to care for people after they have finished treatment for cancer. This program has provided an opportunity for GPs and practice nurses to do a ten hour clinical placement working with specialist cancer teams in the hospital setting. Western Health has had eight GPs and four Practice Nurses participate in the program, each attending up to three sessions. This project has received overwhelmingly positive feedback from both Western Health clinicians and primary care providers.

Due to our initial successful involvement, Western Health was invited to participate in the program once again, commencing early 2018. This time the program has expanded to eight sites across Victoria, including in both city and country health services. Allied Health professionals in the community can now participate and participants can elect to attend clinics at up to two sites of their choice. This allows for improved access and communication, knowledge-sharing, and most importantly improved patient care outcomes.

CANCER POP UP SHOP

Australia's first cancer pop-up shop – at a shopping centre in Melbourne's Western Suburbs – was a great success. The *Let's Talk About Cancer* pop-up shop at Sunshine Plaza was open for four weeks during February and March 2018 and held again in June 2018.

The aim was to raise locals' awareness about cancer and to encourage them to talk about it with their friends, family and health professionals – with the ultimate goal of reducing the incidence of cancer in the community and increasing early detection rates.

The shop was a partnership between Western Health, North Western Melbourne Primary Health Network, IPC Health, Cancer Council Victoria and the State Government.

It provided a welcoming space for people to come in and talk to friendly, trained staff and volunteers about how to prevent and detect cancer.

Visitors were able to discuss lifestyle changes that could help prevent cancers, their family history, available screening services, as well as signs and symptoms they should be discussing with a doctor.

27 Western Health volunteers were among those making this initiative possible, offering support including their ability to speak 12 languages other than English.

Oncology nurses from Western Health and the Cancer Council gave professional advice.

CANCER TEST BREAKTHROUGH

Two Western Health cancer specialists – and hundreds of Footscray Hospital patients – have contributed to a global breakthrough in cancer research. Professor Peter Gibbs and Associate Professor Jeanne Tie are part of an international team that has developed a blood test for eight common cancers, which could revolutionise the early detection and treatment of these diseases – and potentially save countless lives. The breakthrough has received worldwide coverage. Professor Gibbs and Associate Professor Tie, also from Melbourne's Walter and Eliza Hall Institute of Medical Research, were part of a research team led by US researchers from Johns Hopkins University.



Clinical trials for the new blood test, which screens for liver, stomach, throat, bowel, lung breast and many other types of cancers, included more than **400 cancer patients** from Footscray Hospital.

Pictured: Associate Professor Jeanne Tie.

VCCC PARTNERSHIP

On 30th January 2018, the Victorian Comprehensive Cancer Centre (VCCC) officially launched their Strategic Research Plan 2017-20. This clearly outlines how the \$30 million of funding from DHHS will be allocated. There are nineteen programs of work all related to different aspects of research about cancer. Western Health has a great presence in this plan, with our staff named as champions or steering group chairs in five programs.

The Cancer Research Team are going to expand their capabilities and trial activity into the area of Palliative Care, which is about improving patients' quality of life. Western Health will partner with VCCC, St Vincent's Hospital Melbourne, University of Melbourne, Austin Health, and the Royal Children's Hospital to commence research in Palliative Care.

Sunshine Hospital was one of five venues chosen to host the VCCC first international cancer research conference in September 2017. The conference featured a stellar line-up of 75 distinguished speakers from Australia and overseas. A committee of research leaders from all 10 VCCC partners, including Western Health, organised the conference.



Connecting with the West

WOMEN'S & CHILDREN'S IMMUNISATION PROGRAM

Since July 2017, pregnant women are being offered free immunisations against the flu and whooping cough at Sunshine Hospital. This service is funded by the Department of Health and Human Services and will be rolled out across the Women's and Children's division over five years.

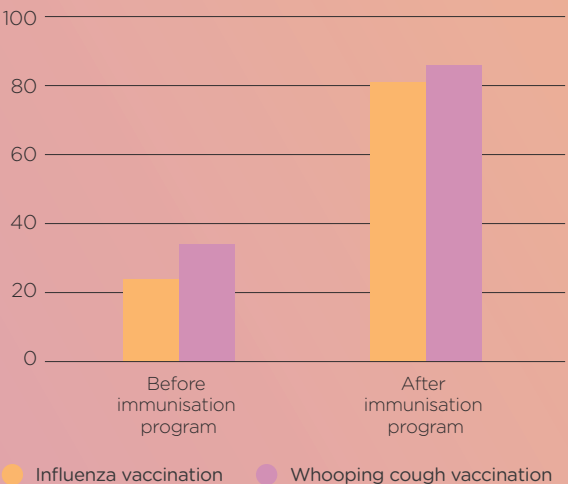
When the service first commenced, Women's and Children's Immunisation Services Manager Suzie Ristevski said there were low rates of pregnant women receiving the immunisation they needed in Melbourne's Western suburbs. "Maternal immunisation is an increasingly important strategy to protect mother and baby, Ms Ristevski said. "Prior to the service starting, there was a low awareness of antenatal vaccination by pregnant women receiving maternity care at Western Health. Hospital data from 2016 showed that the coverage rate for vaccination of pregnant women at Western Health was well below the state and national averages; influenza vaccination was at 24 per cent and whooping cough vaccination was only at 34 per cent.

"The Western Health immunisation coverage rate for our pregnant women has increased phenomenally, with the graph below showing influenza vaccination uptake at 81 percent and 86 percent for whooping cough. It is so important that we encourage all pregnant women to receive the pertussis and influenza vaccination. The five year program will ultimately produce a gold standard immunisation service for women and children at Western Health."

Pictured: Immunisation Services Manager Suzie Ristevski with an antenatal patient.



PERCENTAGE OF PREGNANT WOMEN BEING TREATED AT WESTERN HEALTH WHO HAD INFLUENZA AND WHOOPING COUGH VACCINATIONS





SPEECH PATHOLOGISTS BOOSTING PRE-SCHOOL SKILLS

A program at Sunshine Hospital is helping young children boost their communication skills at an important time in their development. The therapy program, run by Western Health speech pathologists, teaches parents practical strategies for improving their pre-schoolers language skills at home. Speech pathologists Stephanie Tennant and Laura Kaplan run the group class over five weeks each term with a one-hour session every week. Parents and their children attend together.

‘The program is for children, aged two and three, who have delayed communication skills,’ Ms Tennant said.

‘We’re looking at building up their talking and interaction skills through parent education.’

Ms Kaplan said the strategies revolved around play and regular home routines, such as mealtimes and bath-time, making them easier to implement. Among the children to have benefitted from the

program already this year is two-year-old Frankie, who was referred to the program by a maternal child health nurse. Mum Christina became aware of a delay in Frankie’s speech early on. ‘At eight months he was saying ‘mama’ and then he stopped... he wasn’t saying anything at all.’

Christina said the group therapy had been very beneficial. ‘The class has been great.’

‘Things like asking fewer questions and following Frankie’s lead more.’ The speech pathologists leading the early play and communication therapy group said age two was a very important stage in language development. ‘It’s critical,’ Ms Tennant said. ‘When a child is two, this is when they start to present with signs of delay. ‘If they are not yet using 50 words or putting two words together, this is really the time to intervene and give parents strategies to support their development at home.’

Pictured: Speech pathologist Laura Kaplan with Christina and Frankie

VOLUNTEERING OPPORTUNITIES

The Western Health Volunteer Program focuses on engaging with our local community by offering relevant and worthwhile volunteering opportunities.

Western Health is committed to recruiting and retaining volunteers who actively support our mission, philosophy and values. Community members are encouraged to share their time, skills and life experiences through a range of diverse and innovative volunteering roles, working alongside health care professional staff to enable best possible outcomes for patients and their families.

Within the past year, Western Health's Community Engagement and Volunteers Manager, Jo Spence was honoured by the Australasian Association for Managers of Volunteers, earning their 2017 Volunteer Manager Award of Excellence title.

In the almost nine years Jo has been managing Western Health's volunteers program, the number of volunteers has soared from 200 to 650, making it the biggest volunteer program in Melbourne. She has also created a schools partnership program, which now involves 300 students.

Pictured: Jo Spence.

PARTNERING WITH SCHOOL STUDENTS

Western Health's Occupational Therapy Service, with the support of the Western Health Manager for Community Engagement and Volunteer Services, has been working in partnership with students from local secondary schools to complete projects that improve our patient environments. Working in small groups, students were provided with project briefs created by Western Health Occupational Therapy staff to guide project planning and implementation. The students learnt about what coming to hospital can be like and how care is delivered to Western Health patients. They were empowered to use skills learnt at school to lead a small-scale community project. For the students this was not just another school project but an opportunity to really make a difference to the patients at Western Health.

The projects included the construction of planter boxes and mosaics for our therapy garden, designing and building furniture and décor for a therapy bedroom, rejuvenating the patient lounge space, enhancing the palliative care garden area and facilitating a weekly leisure activity group with patients on the rehabilitation ward. These projects fostered student skill development in project management, work readiness and social engagement and provided the Occupational Therapy department and patients with improved, high quality and cost-effective therapy spaces. The response to these projects was overwhelmingly positive, providing highly valued outcomes that benefited students, patients and therapists alike. The collaborative partnership between Western Health and our local secondary schools has been an inspiring process and we are excited about opportunities to grow this program in the coming years.





Hilmi and Deb's Story

A simple act of kindness – helping cut up patient meals – set this husband and wife duo on a path to become Western Health volunteers.

Being made redundant simultaneously in 2012 could have been a devastating blow for husband and wife team Hilmi and Deb. But instead, it set them on a rewarding new path to give back to their community. During an unsuccessful year-long hunt for work, they fell into hospital volunteering after discovering an unmet need among patients.

Hilmi's mother was in Footscray Hospital five years ago, and in her weakened state was battling to cut up her food. The couple began helping her with her meals, and soon discovered her roommates were having similar trouble. "We started going around the room, opening lids, cutting up food, but we didn't feed people as that's what the nurses do," he says. "When mum went to Sunshine Hospital, we did the same thing. We discovered people were going hungry because they couldn't open lids or use the cutlery properly."

The couple now tread the wards each week delivering books, social support and meal assistance, and act as visitor guides showing people around the hospital. They love being exposed to the rich patchwork of society and have forged lasting friendships with many patients.

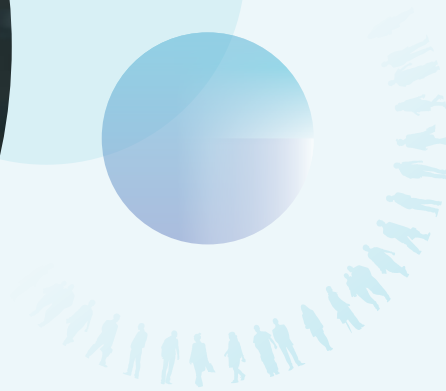
Hilmi fondly remembers a spirited 100-year-old woman, Thelma, who was living at home alone before she had a fall, fracturing her pelvis and hip. "It was a

big thrill to meet her; she was very independent but after the fall had to go into a nursing home," he says. "She didn't like that at all. We visited her a couple of times, we had a good friendship. Even if you try not to, you do get attached to people". Thelma sent the couple a thank you note after they visited, and went on to live until 101 and a half.

He says the volunteers give patients a "bit of a pep up", and even simple acts, like a cup of tea for a dying man who was having difficulty swallowing, go a long way. They are all very appreciative that someone has taken the time to spend with them," he says.

"People say the hospital couldn't do without volunteers. But you don't do it for a pat on the back. It keeps me out of mischief."

There are sad days too, says Deb, 65. Like the man in his 40s who, when asked if he'd like a book to read, responded: "Only if you have a book about how to cure cancer – otherwise, go away". The next time he was a bit quieter and said: 'I'm sorry, I just found out I had brain tumours'. I said: 'I'd be acting a lot worse than you'. After that, he started talking and opening up," she remembers.



Supporting Choice for End of Life Care

Western Health is committed to providing care that is respectful of, and responsive to supporting choice for end of life care. We are guided in supporting this choice by the Australian Commission on Safety and Quality in Health Care's National Consensus statement: Essential elements for safe and high quality end of life care.

Staff education, end of life procedures and clinical practices, and clinician review meetings all support staff to understand and provide respectful and responsive end of life care.

Western Health provides a dedicated Palliative Care unit at Sunshine Hospital where friends, family and carers are welcomed as part of the care team. The focus of care within this unit is to enhance patient quality of life by providing relief from pain and other symptoms. Our specialist team provides a comprehensive approach to providing patients and significant others with physical, emotional and spiritual support that is mindful of patient diversity and individual needs. Nursing staff on the Palliative Care Unit complete bereavement follow up for every patient who has died.

A Palliative Care Consultancy Service is available to provide expertise and advice to patients, carers and health professionals across all wards, units and hospitals of Western Health. The team liaises closely with community agencies to ensure smooth transition of care to home or residential care. Pain management is a key focus of this service.

Social Work and Pastoral Care services are available to all patients, relatives and hospital staff to offer emotional and spiritual support during times of change and challenge that is sensitive to, and respectful of, each person's individual and cultural needs. WH has a number of formalised partnerships with faith institutions and organisations, as well as community groups. Weekly informal prayer services are held across all campuses with prayer rooms and various resources also available.

A Western Health Bereavement Information Booklet is available to help provide assistance to families and significant others of patients who have died. 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. This booklet has been translated into 5 of the most common languages.

Western Health and Mercy Health have a strong partnership that has helped people in the West with terminal conditions have seamless access to a range of services to provide care in the right place at the right time. This approach has helped to deliver a range of palliative care services that seek to improve the quality of life of patients and their families through the prevention and relief of suffering with a holistic focus on physical and spiritual wellbeing.

One joint initiative is the 'Wellness Program'. This provides a range of activities and excursions for both inpatients and outpatients that aims to give patients an escape from their diagnosis. Palliative Care Nurse, Hilda Tibben, says it is an important outreach in people's darkest times, and has transformed many a life. Hilda recalls the stories of those program participants who have left their mark, like a grandmother who had a love of cooking. This lady had been isolated at home before she joined the program, and soon won her way into the hearts of staff, volunteers and patients. One of the counsellors even turned her Indian recipes into a cookbook and staged a book launch, a gesture that she was so touched by her family mentioned it at her funeral. The depth of the program team's care and compassion is evidenced of by an annual Celebration of Life Day where staff, volunteers and patients honour former members and add a new flower to a felt tree to represent those who have died.

Western Health is a member of the Palliative Care Outcomes Collaboration (PCOC) and submits data to this group six monthly. PCOC is the national evidence hub on patients' daily pain and symptom outcomes in Australia. The information produced by PCOC is used by clinicians and by local, state and national providers of palliative care to continually improve care for patients and their families. We were recently advised by PCOC that Sunshine Hospital is one of eight services in Australia to achieve outstanding results by meeting 19 of 20 Australian benchmarks for palliative

care for the period July to December 2017 and has demonstrated continuous improvement over time. This is a fine achievement that reflects well on the work being undertaken in our palliative care services.

SUPPORTING PATIENTS AND CARERS TO MAKE MEDICAL TREATMENT DECISIONS

Changes to the Medical Treatment and Decisions Act came into effect in March 2018 and significant work has been undertaken to prepare clinicians at Western Health. This has included finalising policy positions on key issues (for example witnessing of advanced care directives), implementing communication plans and materials, reviewing and updating all current Western policies and procedures that related to advance care planning, delivering training for clinical areas, and collecting and refining FAQs (frequently asked question) sheets.

In essence, changes to the Act allow a person with capacity to:

- Make an advance care directive that may include binding instructions (instructional), and/or preferences and values for future medical treatment (values)
- Appoint a medical treatment decision maker
- Appoint a support person



A medical treatment decision is a decision to either consent to or refuse medical treatment.

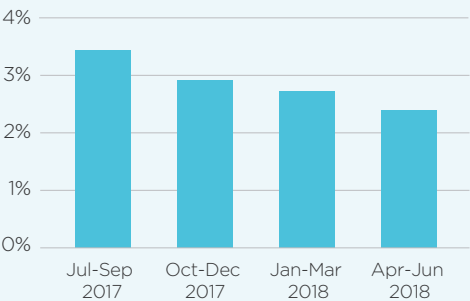
The Act establishes a process for medical treatment decision making if a person does not have decision-making capacity.

Changes to the Act have also prompted a review of the associated policies and procedures relating to consent and End of Life Care at Western Health. Procedures and documentation guiding acute resuscitation of patients receiving care at Western Health have had significant consultation from all stakeholders to ensure they are compliant with the changed legislation and meet the needs of our clinicians.

Through our GP Integration Unit, Western Health accepts enquires regarding advanced care directives and uploads directives to our digital medical record when received from health care providers in the community. Our GP Integration Unit has also assisted the North Western Melbourne Primary Health Network to deliver a health professional education session on advanced care planning in May 2018.

As demonstrated by the graph below, only approximately 3% of our patients over the age of 75 years in the past 12 months had an advance directive recorded with Western Health or had identified a medical treatment decision maker.

PERCENTAGE OF WESTERN HEALTH PATIENTS OVER THE AGE OF 75 YEARS WHO HAVE AN ADVANCED CARE DIRECTIVE IN PLACE OR HAVE IDENTIFIED A MEDICAL TREATMENT DECISION MAKER



Our staff have embraced the idea of Advanced 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 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 this topic when they are acutely ill on presentation to Western Health may not be the best timing. This is why we have also been prompting and supporting community awareness and engagement in Advance Care planning.

Our Aged Care Liaison Service is currently following up all patients in Residential Care facilities to receive their Advance Care documentation and forward it for inclusion in their Western Health medical record.

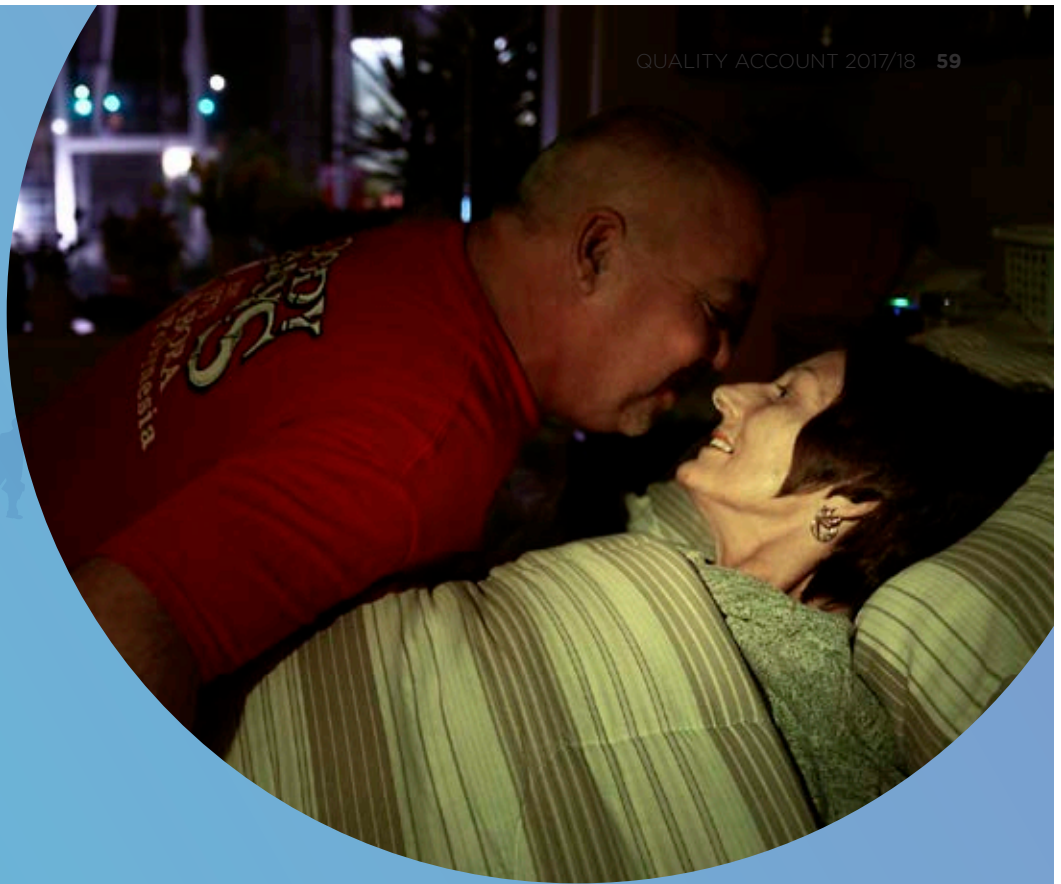
Advanced Care Directive Case Study

65-year-old Salman* suffered from end stage renal (kidney) disease. His siblings sat down with him and his wife to understand what Salman would want in his end of life care. The main thing Salman said was that he didn’t want “heroic measures”, and the family discussed what this meant. Salman’s wishes for end of life care were expressly documented in an instructional directive, a form of advance care directive. Salman’s wife was appointed as his medical treatment decision maker.

One morning Salman was found by his wife confused and complaining of severe shortness of breath. Paramedics were immediately called, and they found him hypoxic (deprived of adequate oxygen), with low blood pressure, and an increased heart rate. Salman was taken to the hospital with his wife and children attending.

When Salman arrived in the Emergency Department, he had persistent hypoxia despite receiving maximum oxygen. The treating team sought to determine the patient’s wishes for intubation and life-sustaining care, and discussed with Salman’s family his wishes clearly documented in his instructional directive. Salman’s wishes expressed in the instructional directive were respected. Salman was provided palliative care and died peacefully in hospital with his family by his bedside.

*name has been changed.



Sandra's Story

At just 56, cancer patient Sandra Carter was told she didn't have long to live. Love got her through her final days, and the brave mum shared the moments that brought her comfort.

The 56-year-old was diagnosed with inoperable liver cancer, with doctors delivering the devastating news that she could have only days, weeks or months to live.

Ian did not leave his wife's side after she was admitted into the palliative care ward, sleeping in a foldout chair by her bed, and spending the days tending to her needs. He showered her, fed her, took her to the bathroom and bought her flowers every day.

"He's my rock," Sandra said tearfully. "I know the end is going to come. As long as I have my two babies by my side I'll be right," she said, referring to Ian, 49, and her son, Kane, 33.

The couple had made a trip to their hometown of Melbourne from Darwin to visit friends for two weeks, but Sandra's health took a turn for the worse. She began suffering chronic stomach pain and was rushed to hospital, where doctors discovered internal bleeding from two lesions that they feared would prove fatal.

Sandra never left the palliative care ward and the pair were determined to make the most of every precious moment together. Her room was one of the busiest in the ward, with a revolving door of friends and family, and deliveries of gifts and home-cooked meals. Ian kept cans of beer in the fridge – a small pleasure at a time so devoid of many. The couple's beloved pit bull Labrador cross Emma joined them for a week in June, visiting every day for a lick and a cuddle.



They both expressed their gratitude to the staff at the Sunshine hospital, and the outpouring of support and kindness they show.

Sandra's father died in the same ward five years ago and she was heartened to know she would be getting a high level of care.



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 of the Quality Account focuses on activities and achievements that support improved outcomes under the Best Care dimension of Safe Care.

Patient Safety Culture

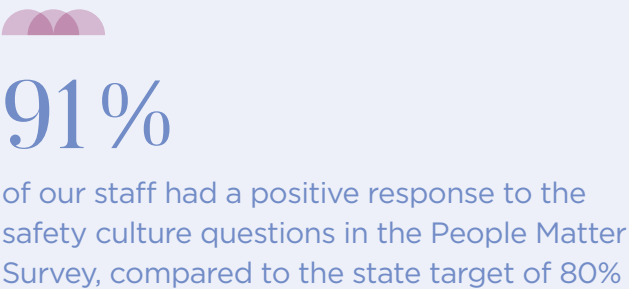
We provide our staff with the opportunity to have their say on a wide range of matters that relate to working and caring for patients at Western Health through participation in the state-wide People Matter Survey.

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 indicate Western Health rated above the state target for individual safety questions.

Western Health encourages a safety culture within the organisation and is dedicated to providing opportunities for training and supervision.

A wide range of training initiatives are offered to employees. Features of our development training programs include psychometric assessment, development planning, leadership skills laboratories,

peer leadership groups, structured workshops with guest speakers, coaching circles and activities on our Best Care framework, to address key development needs of our staff.



PEOPLE MATTER SURVEY 2017 - PATIENT SAFETY

STATEMENT	STATE TARGET	WESTERN HEALTH
Percentage of staff with a positive response to safety culture questions (combined)	80%	91%
SAFETY CULTURE QUESTIONS	STATE TARGET	STAFF - % AGREEING WITH STATEMENT
Patient care errors are handled appropriately in my work area	80%	95%
The health service does a good job of training new and existing staff	80%	94%
I am encouraged by my colleagues to report any patient safety concerns I may have	80%	93%
The culture in my work area makes it easy to learn from the errors of others	80%	89%
Trainees in my discipline are adequately supervised	80%	94%
My suggestions about patient safety would be acted upon if I expressed them to my manager	80%	86%
Management is driving us to be a safety-centred organisation	80%	86%
I would recommend a friend or relative to be treated as a patient here	80%	89%

Understanding Why Adverse Events Happen

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

Western Health is committed to supporting a culture which promotes:

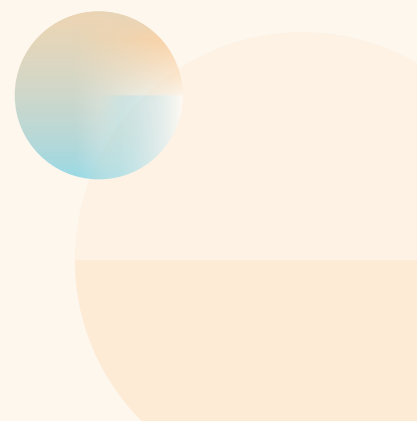
- The reporting of adverse events by all staff.
- Timely and ongoing communication with patients and carers when an adverse event occurs.
- Review and analysis of adverse events to see if the care provided was appropriate and if anything could be done differently.
- Using what is learnt from the review of adverse events to act on opportunities to improve the clinical systems and practices supporting best care

Adverse events that occur at Western Health are recorded in the Victorian Health Incident Management System (VHIMS) database, which is mandated by the Department of Health and Human Services. Adverse events are investigated thoroughly and involve the treating team and independent reviewers at the local clinical setting. Those that cause moderate or severe harm are reviewed with more rigour and structure. There is also work being undertaken to strengthen and standardise our investigation processes and systems across the organisation that look at these events. Our Serious Adverse Events Committee is also undertaking a significant piece of work to improve the governance of recommendations from learnings made in response to investigation findings.



In 2017/18, seven patient adverse events with a Victorian Health Incident Management System (VHIMS) severity rating of 1 (severe harm) and 123 events with a VHIMS severity rating of 2 (moderate harm) were reported at Western Health.

Four adverse events reported over 2017/18 were classified as sentinel events, rare events that require notification to Safer Care Victoria.



The following areas represent the key themes for these adverse events at Western Health:

RESPONDING TO DETERIORATING PATIENTS

Ensuring that deteriorating patients receive appropriate and timely care is a priority and a challenge for all health services. This is a very complex patient group. The 'Managing of Deteriorating Patient' information in this section of the Quality Account describes systems we have in place to support appropriate and safe management of deteriorating patients and subsequent improvements we have made to these systems.

COMPREHENSIVE CARE

A wide 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).

FALLS

There are many reasons a patient may be at risk of sustaining a fall while in hospital. These can include their age, the type of medication they are on, and the reason they have come into hospital. Western Health continues to develop and implement evidence-based strategies to minimise the risk of falls and related injuries. A Falls Advisory Committee has been established to oversee the multiple initiatives in this space.



Investigating and managing incidents is integral to providing 'Safe Care'.



Preventing and Controlling 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.

Healthcare-associated infections are complications of healthcare that have a significant impact on the health and wellbeing of individuals.

Healthcare-associated infections are one of the most common, significant and most preventable patient safety issues today. Each year in Australia 180,000 patients suffer healthcare associated infections that prolong hospital stay and consume 2 million hospital bed days. The impact may increase a person's illness and in some cases the mortality risks lengthens the hospital stay.

MINIMISING THE RISK OF 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, 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

MONITORING EFFECTIVE HAND HYGIENE PRACTICES

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



The Western Health overall hand hygiene compliance for 2017-18 was **90%**



FIGHTING THE FLU AND OTHER VACCINE PREVENTABLE DISEASES

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.

Every autumn Western Health staff are encouraged to receive an 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.



At Western Health staff are encouraged to receive the annual influenza vaccination. The overall uptake in 2018 was

80.2%

STAPHYLOCOCCUS AUREUS

Staphylococcus aureus, also known as 'golden staph' is a common bacteria that live on the skin and in some people's noses. It is a leading cause of community and hospital acquired blood stream infections causing significant illness and death.

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.

The Western Health comprehensive infection prevention program includes interventions and strategies to minimise the risk of SAB including:

- Comprehensive hospital-wide hand hygiene improvement program
- Strict requirements for room and equipment cleaning and disinfection
- Transmission based precautions for staff, including wearing gowns, gloves and masks to prevent the spread of known infections to other patients
- Appropriate management of invasive devices and improved practices for intravenous catheter insertion and care
- Single-use devices

Antibiotics are only given when necessary to minimise the development of antibiotic resistant bacteria.

The incidence of Staphylococcus Aureus Bloodstream infections, particularly bloodstream infections caused by invasive devices, have decreased significantly in recent years at Western Health.



0.6

was our Staphylococcus Aureus Blood stream (SAB) infection rate in 2017/18, compared to the national rate of 0.7

CENTRAL LINE BLOOD STREAM INFECTIONS (CLABSI)

A central line 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. A central line associated blood stream infection (CLABSI) is a laboratory-confirmed bloodstream infection in a patient where a central line was in place. This is a serious condition, and may lengthen a patient's hospital stay.

The senior doctors of Western Health Intensive Care Units personally monitor and train staff to ensure correct insertion and management processes for central lines are adhered to, and central line insertion checklists are used to monitor key principles such as hand hygiene, skin preparation, correct insertion site, dressing and type of catheter used.

All bloodstream infections are reviewed by trained infection prevention staff to identify the source of the infection. When a CLABSI is identified a thorough investigation is triggered and risk management strategies are put in place to prevent these type of infections from re-occurring.



0.5%

was our central line blood stream infection rate in our intensive care units in 2017/18, compared to the national rate of 0.8



Patient story - improving how we manage patients with an infection

Western Health is committed to developing staff understanding of the importance of how we manage patients with an infection. Although incidents of blood stream infections from intravenous cannulas are rare at Western Health the Infection Prevention team do an in-depth review of every infection to identify areas for improvement.

In 2017/18 one of our patients had an infection from an intravenous cannula that was inserted at our health service. The Infection Prevention team investigated this at the time and conducted a follow-up interview with the patient to gain a better understanding of how to get the balance right between patient needs and technical care, especially in a patient who requires isolation. This patient had multiple complications due to this infected intravenous cannula and was nursed in isolation for several months.

We developed a patient story from this interview which assisted us to understand that we hadn't clearly communicated information about the patient's infection and why they needed to be nursed in a single room with isolation precautions. We have reviewed the way that the Infection Prevention team support improved education of patients about their infections and treatment. Senior Nursing and Midwifery staff have changed the daily care provided to patients in single rooms.

This story has been used with the patient's permission to raise awareness of the impact of acquiring an infection in hospital.



Communicating for Safety

Western Health is committed to effective communication across the health service to support continuous, coordinated and safe care for patients. Communication with patients and between the professionals looking after the patient is a key aspect of ensuring safe care for every patient at every point of their journey.

This process is known as '**Clinical Handover**'. Handover ensures that the next clinician or group of clinicians caring for a patient have the information they need to progress the care for the patient, and to help the patient get to where they need to go.

Given that there is often a lot of information to communicate, Western Health uses a structure or guideline known as ISBAR to help staff communicate the right information. ISBAR stands for '**Identify, Situation, Background, Assessment, Recommendation or Request**'. In order to monitor the transfer of information during the change of shifts between clinicians (i.e. doctors, nurses, allied health etc.), comprehensive audits are conducted to ensure that the organisation's structured form of communication (i.e. ISBAR) is used.

It is vital that patients, families and consumers are involved in the 'handover' process as much

as possible, so that they know what is going on and that they can ask questions and contribute to the 'handover' process as well. Western Health is committed to ensuring that this occurs.

In addition, Western Health have used the Victorian Health Experience Survey data results (published quarterly) to help identify communication gaps for patients on discharge. A Working Party, consisting of clinicians, consumer representatives and the Electronic Medical Record Implementation Team representatives, have developed a Patient Friendly Discharge Information Sheet for patients to take home on discharge. This sheet will provide patient centred information and instructions for the patient/family/consumer about what to do next at home. This will be in use after the successful implementation of the new Western Health Electronic Medical Record System (scheduled for the end of 2018).

Medication Safety

Medication prescribing, dispensing and administration are key areas where errors that occur can have a serious impact on patient care and outcomes. To ensure high levels of patient safety, Western Health is committed to ensuring that all medications used within our hospitals are prescribed, dispensed, administered and stored safely.

Our Medication Safety Committee oversees the safe management of medications at Western Health. This multi-disciplinary quality and safety committee is responsible for the monitoring of medication performance measures and issues and the development of strategies and improvement initiatives to promote safe medication practices within the organisation.

To ensure ongoing compliance with current legislation and the implementation of new medication safety innovations, the following committees report to the Medication Safety Committee:

- **Drugs and Therapeutic Committee** – This Committee is responsible for all aspects of medicine use within the organisation including compliance with Medication Safety Legislation
- **Adverse Drug Reaction Committee (ADRC)** – This Committee reviews all adverse drug reactions that occur to our patients and ensures that this information is fed back to the patients and their general practitioners.

Key Medication Management Improvement Activities that have occurred over the last 12 months include:

- **Improving completeness of Medication Histories:** Education has been undertaken targeting an increased awareness of the necessity of providing a full list of medications including any over-the counter medicines, inhalers, ear and eye drops and any recent vaccinations
- **Decreasing the risk of developing a blood clot while in hospital:** To improve patient safety, guidelines on risk assessments and posters have been developed to assist clinical staff in identifying patients at risk of developing a blood clot and ensuring the correct management plans are provided for at-risk patients.

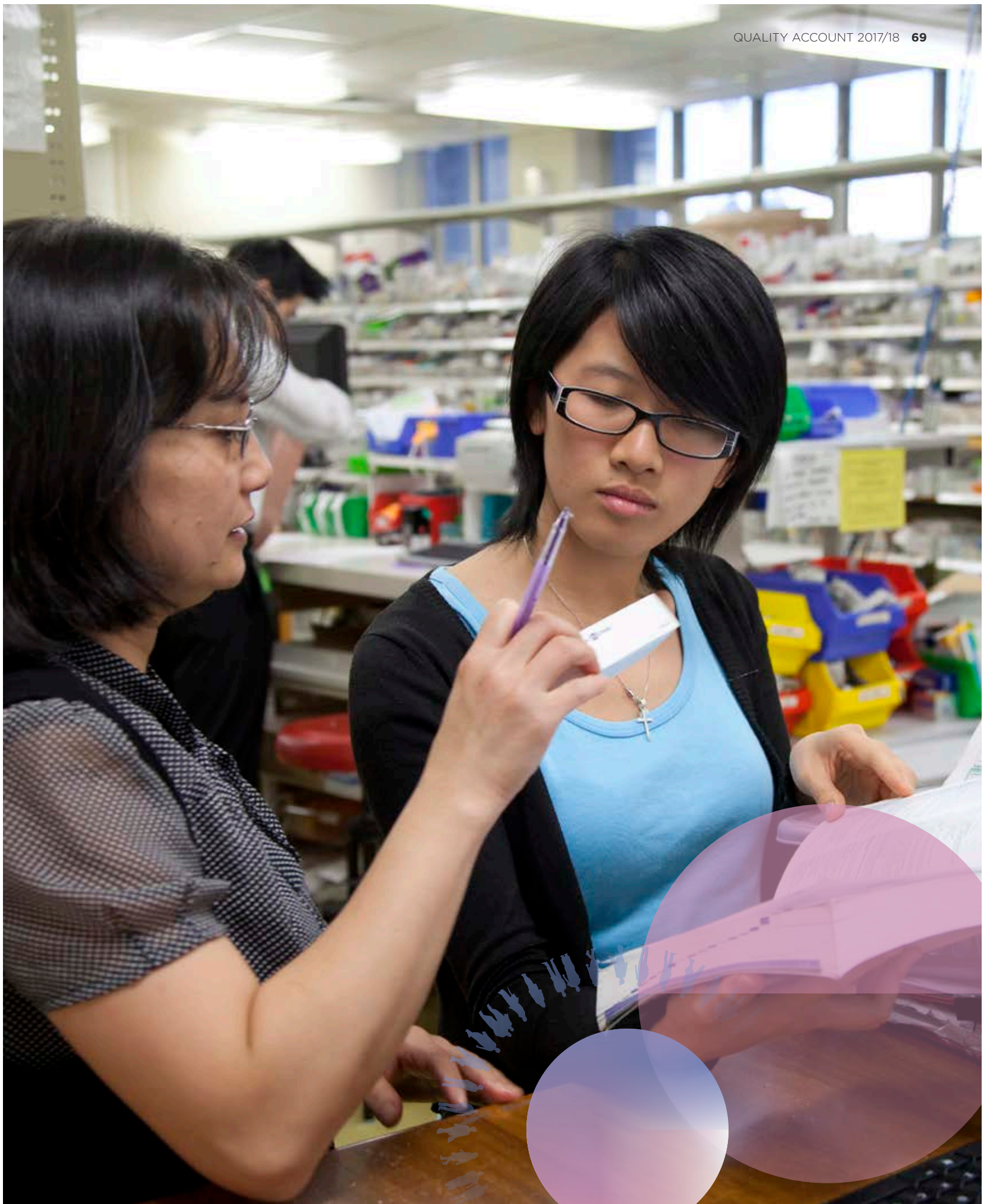
- Working with Therapeutic Goods Australia to implement **new warning labels** for some anaesthetic drugs that are packaged in similar looking boxes. An incorrectly administered drug could potentially cause severe harm or death. The Medication Safety Committee have been actively working with Therapeutic Goods Australia to have new warning signs placed on look a-like packages. This improvement has seen a **60% decrease** in medication incidents associated with the use of these specific drugs.
- **Rollout of new updated heparin infusion charts and guidelines**, leading to a **9.1%** decrease in heparin related medication incidents.
- **Staff education on the management of delirium:** This has seen a reduction in use of antipsychotic drugs for the management of delirium. No longer are drugs used as the first line treatment for patients exhibiting behaviours associated with delirium.
- **Improving compliance with medication storage:** Twice yearly audits of all clinical areas demonstrates that the Organisation achieved an overall medication storage compliance score of 91% which has exceeded the benchmark of 80%.



Through continual review, increased staff awareness and education, there has been an

18.8% decrease

in reported patient related medication incidents over the last 12 months when compared to the previous year.



Managing Occupational Violence and Aggression

In 2017/18 we continued our commitment to promoting and providing a safe workplace for our staff. We undertook 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:

- Revision of our OVA Committee to now be led by an Executive Director and report directly to our Executive Committee – in recognition of the importance and priority that Western Health places on this issue.
- A full gap analysis of areas requiring action to prevent and better manage OVA when it does occur. This has informed a detailed action plan that the OVA Committee is overseeing.
- Following the successful use of a Behaviours of Concern observation tool in our Emergency Departments, development of a plan to expand the use of the Behaviours of Concern observation tool to our Intensive Care Units. This tool is an evidence based risk assessment for the prediction of violence within a 24 hour period.
- Continuation of work within our clinical wards 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.
- Promotion of WorkSafe Victoria's OVA promotion campaign "Aggression and Violence against Health Workers – It's Never OK"
- Implementation of a staff OVA survey to obtain feedback from staff on areas of concern and ideas for improvement.
- Assessments of the OVA risk of each of our clinical wards and departments, and then security audits of high risk areas
- Review of our management of OVA procedures and development of an overarching policy
- Continuation of our OVA management training, targeting clinical areas where there is a high incidence of aggressive and violent behaviour by patients and visitors. This included utilising external experts to present to key staff groups and tailored sessions for staff working in the Intensive Care Units.
- Progressive update of 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



266

occupational violence incidents were reported in 2017/18, with 10% resulting in staff needing time off work.

Safe and Appropriate use of Blood and Blood Products

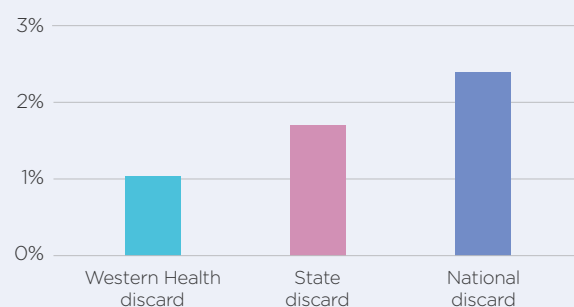
In Australia the supply of blood and blood products relies on the voluntary donation of blood by eligible members of the public. The Australian Red Cross Blood Service is responsible for collecting all blood donations and to ensure that there is enough supply to meet the needs of patients the service collects over one million donations per year.

MANAGING OUR SUPPLY AND MINIMISING WASTAGE

We work very closely with our pathology service provider Dorevitch Pathology to continually review the stock (inventory) of blood products we keep onsite. This is very important as not holding enough inventory could potentially put patients at risk and holding too much inventory increases the risk of wastage from product expiry.

We measure our performance against the State and National product discard rates that are provided by the Blood Service monthly. As can be seen from the graph below, Western Health has a lower blood discard rate than the State and Nationally.

PERCENTAGE OF RED CELL UNITS ISSUED THAT WERE DISCARDED APRIL 2018



APPROPRIATE USE OF BLOOD AND BLOOD PRODUCTS

Australia has one of the safest blood supplies in the world however the transfusion of blood and blood products is not without risk and can lead to complications and adverse outcomes for patients. Research in Australia has shown that there is considerable variation in prescribing practices and that some transfusions may be unnecessary or could have been avoided. Blood transfusions should only be given if the potential clinical benefits outweigh the potential risks to the patient.

The Western Health Blood Management Committee has implemented a comprehensive clinical audit program that supports the systematic review of transfusion episodes to assess alignment of our practice against National Patient Blood Management Guidelines.



Of the forty red cell transfusion episodes we audited between September 2017 and March 2018,

90%

(36/40) were assessed as being fully aligned with the National Patient Blood Management Guidelines.

IMPROVING PATIENT CARE BY MANAGING PRE-OPERATIVE IRON DEFICIENCY ANAEMIA

Anaemia is the medical term for a low red blood cell count or lower than normal haemoglobin. Haemoglobin is the protein in red blood cells which carries oxygen around the body. It is important to identify and treat the underlying cause of anaemia. Anaemia is commonly caused by iron deficiency as iron is needed to make haemoglobin. It is estimated about 1 in 10 people in Australia have iron deficiency which can result from blood loss or dietary deficiency, chronic diseases, medications or infection.

As Preoperative Anaemia has been found to increase the likelihood of a blood transfusion, increase the chance of complications and slow down a patient's recovery after surgery, Western Health has a screening program to identify and treat anaemia in patients having a Total Hip Replacement or Total Knee Replacement. As part of their preoperative assessment and care patients have blood tests to measure their haemoglobin and iron levels. Where iron deficiency anaemia is identified the patient is booked in to our Medical Day Unit prior to their surgery for an iron infusion.

We reviewed 102 elective Total Hip Replacement and 120 elective Total Knee Replacement episodes undertaken at Western Health between 15/2/2017 and 15/2/2018 to see how many of these patients had a blood transfusion. Of the 102 Total Hip Replacement patients only 3 required a transfusion (2.9%) and of the 120 Total Knee Replacements patients only 2 required a transfusion (1.6%). All 5 of these transfusions were assessed as clinically appropriate and aligned with the National Patient Blood Management Guidelines.

The Preoperative Anaemia screening program has been expanded to include several other types of surgery. Our Gynaecology Unit commenced a trial of the program in September 2017 and to date have identified several women with iron deficiency anaemia and arranged for them to receive iron infusions in our Medical Day Unit before their surgery.

ENSURING OUR PATIENTS ARE INFORMED AND INVOLVED IN THE DECISION TO TRANSFUSE

Transfusion information patient brochures in sixteen languages are available on the Western Health Intranet, which means our staff can easily access and print an information brochure for a patient and/or family member who would like written information in their preferred language.

We have also developed a "Blood Transfusion: Information for Patients" section on the Western Health Internet site: <http://www.wh.org.au> that can be accessed by all members of the public. It is our aim to provide our patients, especially those having elective surgical procedures, with accurate transfusion information and access to written information in a range of languages.

To evaluate if we are meeting the needs and expectations of our patients we also conduct surveys of patient satisfaction with information provided and the consent to transfusion process. Results from the 14 surveys conducted between November 2017 and May 2018 showed that:



13 of 14 patients (93%)
felt they were involved with
the decision-making process to
receive a blood transfusion with
1 patient unable to recall.

12 of 14 patients (86%)
felt they received enough
information about having a
transfusion, with 1 patient unable
to recall and 1 who felt they did
not receive enough information.

Managing Recognition and Response to Deteriorating Patients

Ensuring that patients who have unexpected deterioration in their medical condition 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

WESTERN HEALTH'S RESPONSE TO DETERIORATION

Western Health's Rapid Response System for staff works by identifying patients with signs of early medical deterioration and identifying the appropriate level of response. This may include a specialist Medical Emergency Team (MET) attending the patient if they are not improving after the review of a doctor.

The Rapid Response system is vital to identify deteriorating patients.



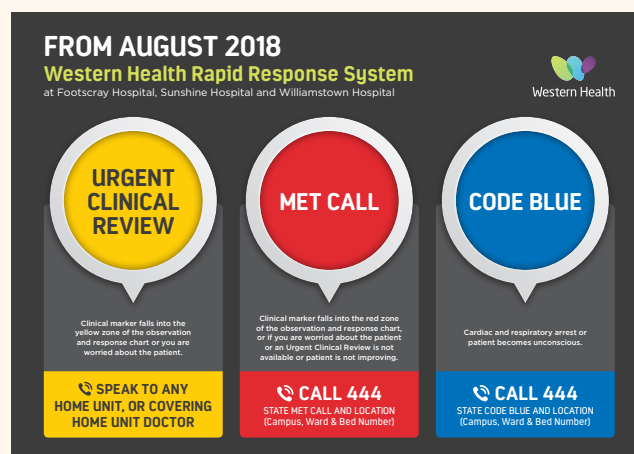
In the last year we received
3,605 MET calls.

These calls resulted in early support for ward staff and improved outcomes for patients.



There were also
802 Code Blue calls,
91% of which did not progress
to a cardiac arrest.

We have recently updated the Rapid Response program and poster in preparation for the introduction of an electronic observation chart in Western Health's new Electronic Medical Record (EMR).





We have developed an interactive MET Rapid Response online training program aimed at supporting staff at Western Health. This program ensures staff awareness, training and competency is maintained and is particularly useful for new staff.

In addition, our MET Responder education days are run in our simulation training facility using one of our resuscitation mannequins. The Intensive Care Unit (ICU) and Education teams provide team training to deliver immediate clinical management of deteriorating patients supporting Best Care for our patients.



CALL FOR HELP – A PATIENT, FAMILY AND CARER ESCALATION INITIATIVE

We are committed to developing staff understanding of the importance of the patient, family and carer's role in noticing and voicing concerns regarding change in clinical condition.

The Call for Help response works alongside the Western Health's Rapid Response system and has been developed as a three step process.

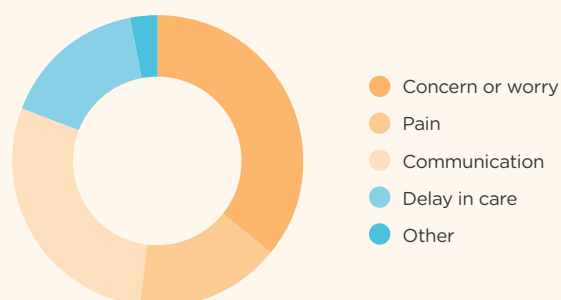
Our consumers played a key role in the development of the Call for Help program. Visual displays showing the process to make a Call for Help have been placed in key areas. These displays are in the form of banners, communication board stickers' at bedsides, posters and Call for Help instruction video in public areas and on the internet (http://www.westernhealth.org.au/PatientsandVisitors/Pages/Call_For_Help.aspx)



There have been
56 Calls for Help
since its implementation in Nov 2016.

None of these calls identified a clinical deterioration requiring a Rapid Response, however feedback collected and recorded at the time of the Call for Help acknowledges that the majority of callers felt reassured and listened to. Feedback also highlights the importance of communication with patients and carers about clinical conditions and treatment.

REASONS FOR "CALL FOR HELP"



Examples of feedback included:



“Family were very grateful and very pleased at the efficiency of the Call for Help program.”

“Patient and family were very happy with the process.”

“Happy with the outcome. The senior doctor was contacted and will speak to the son about his mother’s prognosis and treatment.”

“Husband and wife very overwhelmed with just having a new baby. The Call for Help responder provided reassurance.”

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.



Electronic Medical Record

In late 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 utilise clinical information to provide quality patient care.

The EMR will enhance the delivery of Best Care to our patients 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
- Provide data for future service planning
- Simplify and support clinician workflow, and
- Provide access to best practice knowledge for the care of patients

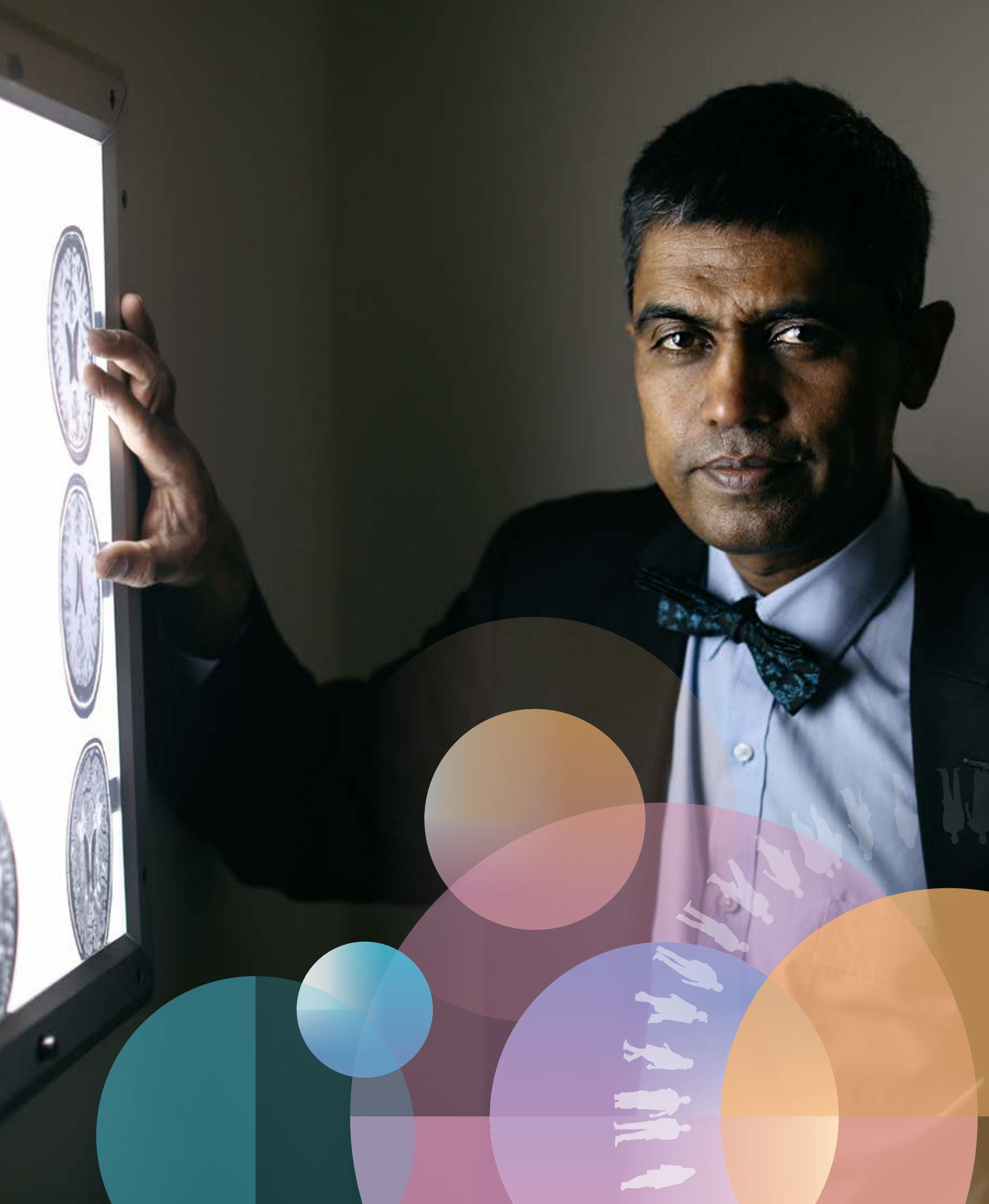


In late July 2018, EMR training commenced for the

**over 5,500 staff,
or nearly 90%**

of the organisation who
will use the EMR.

Training is just one element of the extensive support available as we prepare for safe and successful EMR implementation at Western Health.





Western Health

Footscray Hospital

Gordon Street
Footscray VIC 3011
Locked Bag 2
Footscray VIC 3011
8345 6666

Sunshine Hospital

Furlong Road
St Albans VIC 3021
PO Box 294
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
Furlong Road
St Albans VIC 3021
8345 1333

Sunbury Day Hospital

7 Macedon Road
Sunbury VIC 3429
9732 8600

Williamstown Hospital

Railway Crescent
Williamstown VIC 3016
9393 0100

Drug Health Services

3-7 Eleanor Street
Footscray VIC 3011
8345 6682

Hazeldean Transition Care

211-215 Osborne Street
Williamstown VIC 3016
9397 3167

Together, caring for the West

www.westernhealth.org.au