

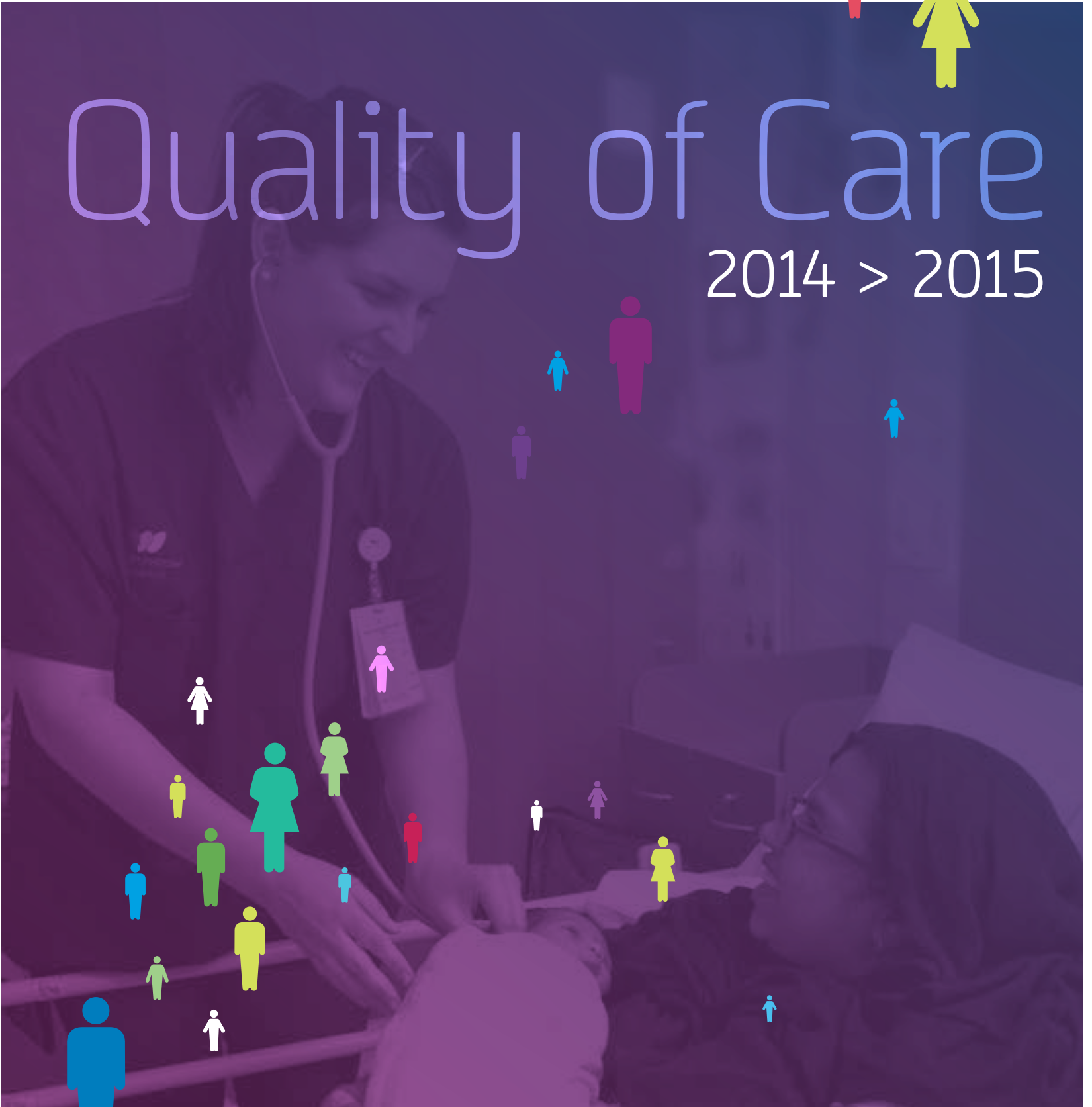


Western Health



# Quality of Care

2014 > 2015



# Our Vision

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

# Our Purpose

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

**Acknowledgement of Traditional Owners:**

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



**14 babies**  
are welcomed into  
the world



**515 patients**  
see a doctor in an  
outpatient clinic



**318 patients**  
are discharged

**83 volunteers**  
support staff and  
patients



**712 patients**  
are cared for overnight



**63 surgical**  
operations take place

**What  
we do on  
a typical  
day:**



**101 patients**  
require interpreter  
services

**355 patients**  
attend one of our three  
emergency departments



**360 patients**  
are seen by our Community  
and Allied Health Services



**400 community providers**  
partner with us to provide care

**2046 meals**  
are served



**40 patients** are visited  
at home by our Hospital in the  
Home team

# Contents

On a Typical Day at Western Health	1
Foreword	3
About Western Health	4
Best Care at Western Health	5
Accreditation	8
<b>Person-Centred Care</b>	<b>10</b>
<b>Co-ordinated Care</b>	<b>30</b>
<b>Right Care</b>	<b>42</b>
<b>Safe Care</b>	<b>56</b>



# Foreword

Our Quality of Care Report is not just another document filled with statistics and commentary – it is an important report on matters of clinical significance to our patients and their families, as well as our staff and those considering joining our health service.

With the release of our 2015 Quality of Care Report, we are reminded of just how essential it is in a health service to have robust systems to support the ongoing review and improvement of patient care, combined with strong leadership and Board oversight.

Over the past 12 months, we have continued to implement and build on Western Health's Best Care Framework, which was introduced in 2013-14 to support the review and improvement of quality, safe care and a positive patient experience.

At Western Health, our vision for quality care is that each of our patients receives 'Best Care' with us, every time. This means that we work together and in partnership with our patients to achieve Person-Centred Care, Co-ordinated Care, Right Care and Safe Care.

Our Quality of Care Report is one means of reporting on activity, achievements and challenges against each of these dimensions of Best Care.

Across Australia, all health services are subject to regular external reviews for the purposes of their ongoing accreditation in line with national standards. Western Health's next survey will be in March 2016 and this will be an excellent opportunity for us to present external reviewers with indepth information on the Best Care activity and improvements outlined in our Quality of Care Report.

This report is a companion document to our Annual Report and is available on our website at [www.westernhealth.org.au](http://www.westernhealth.org.au).

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



**The Hon Bronwyn Pike**  
Board Chair



**A/Prof Alex Cockram**  
Chief Executive



# About Western Health

**Western Health (WH) manages three acute public hospitals: Footscray Hospital, Sunshine Hospital and the Williamstown Hospital. It also operates the Sunbury Day Hospital and a Transition Care Program at Hazeldean in Williamstown. A wide range of community based services are also managed by Western Health, along with a large drug health service.**

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

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

Employing more than 6,200 staff, Western Health has a strong philosophy of working with its local community to deliver excellence in patient care.

Western Health has a long-standing relationship with health providers in the western region of Melbourne and strong affiliations with numerous colleges and academic institutions. We continue to develop academic partnerships with the University of Melbourne and Victoria University, making full use of the state of the art facilities we have jointly developed at the Sunshine Campus.

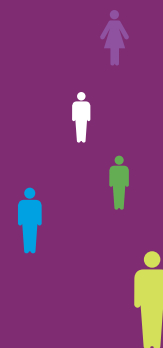
## Our community:

- ∅ Is growing at an unprecedented rate
- ∅ Is among the fastest growth corridors in Australia
- ∅ Covers a total catchment area of 1,569 square kilometres
- ∅ Has a population of approximately 800,000 people
- ∅ Is ageing, with frailty becoming an increasing challenge to independent healthy living
- ∅ Has high levels of cancer, heart disease, stroke and mental illness, with diabetes and depression also significant population health issues
- ∅ Has a diverse social and economic status
- ∅ Is one of the most culturally diverse communities in the State
- ∅ Speaks more than 100 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

## Western Health's catchment includes the following local government municipalities:

- ∅ Brimbank
- ∅ Hobsons Bay
- ∅ Maribyrnong
- ∅ Melton
- ∅ Moonee Valley
- ∅ Moorabool
- ∅ Hume
- ∅ Wyndham

Western Health provides a range of higher level services to the patients who are also serviced by neighbouring health services.





# Best Care at Western Health

...a framework for quality, safety & the patient experience

Best Care is a framework for quality, safety and improved patient experience. It has become part of the everyday language of Western Health and every staff member and volunteer contributes to Best Care every day.

Western Health's Best Care vision was developed following consultation with patients and their families, carers, staff leaders, clinicians and the Board. Along with the Strategic Plan, the Best Care Framework identifies how Western Health wishes to develop as an organisation over the coming years.

The intent of the Best Care framework is that all staff work together and in partnership with consumers to achieve the best outcomes for every patient across the four dimensions of:

- ∅ **Person-Centred Care**  
*"I want to be seen and treated as a person"*
- ∅ **Co-ordinated Care**  
*"I receive help, treatment and information when I need it and in a co-ordinated way"*
- ∅ **Right Care**  
*"I receive care that makes me feel better"*
- ∅ **Safe Care**  
*"I feel safe"*

**BEST CARE AT WESTERN HEALTH**  
 A FRAMEWORK FOR QUALITY, SAFETY AND THE PATIENT EXPERIENCE.

**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 put an active hand print and look for ways to do things better  
 3. I am committed to what I do and motivated to provide the best care and services possible  
 4. I keep patients from harm

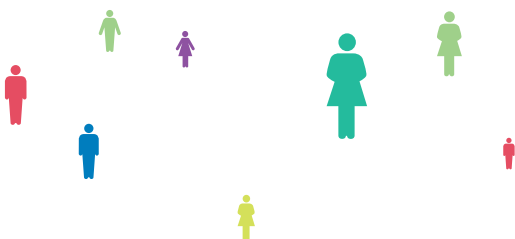
**MANAGERS & SENIOR CLINICIANS TO LEAD BEST CARE...**  
 1. I engage with and put patients first when making decisions  
 2. I look for ways to support staff to work efficiently and as part of a team  
 3. I guide, engage and support staff to provide best clinical care  
 4. I promote a culture of safety

**EXECUTIVE & BOARD TO GOVERN BEST CARE...**  
 I oversee the development, implementation and ongoing improvement of organisational wide systems supporting Best Care

WE WILL DEMONSTRATE THE WESTERN HEALTH VALUES IN ALL THAT WE DO... COMPASSION, ACCOUNTABILITY, RESPECT, EXCELLENCE, SAFETY



**BESTCARE**  
 at Western Health



## The Best Care framework:

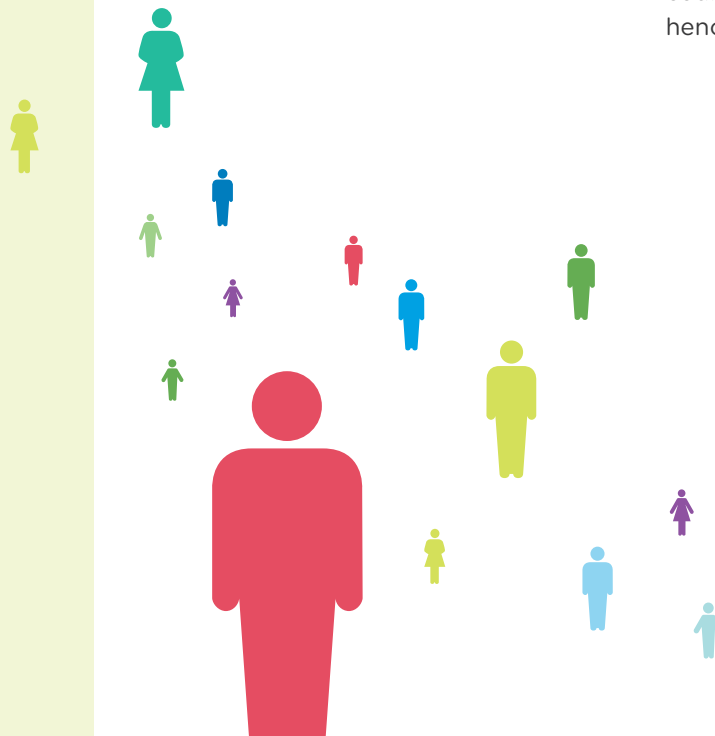
- ∅ provides a platform for discussion with patients, staff, managers, senior clinicians, executives and the Board about how to improve the care provided to patients and their families
- ∅ ensures a focus on quality, safety and patient experience activities and the development of goals for service improvement
- ∅ provides a base for strategic and operational quality, safety and patient experience plans
- ∅ delivers a framework for Western Health to review and improve compliance with the National Safety and Quality Health Service (NSQHS) standards.

The goals of Best Care have been translated into behaviours and actions, and designated roles and responsibilities for Western Health front line staff, managers, senior clinicians, executives and the Board.

The Best Care Steering Committee is the overarching committee responsible for overseeing activity and the organisation-wide systems supporting Best Care. Specific committees focus on Person-Centred Care, Co-ordinated Care, Right Care and Safe Care dimensions. Each Best Care committee is co-chaired by an executive director and a clinical/consumer lead. All activity is reported up through the organisation to the Western Health Board of Directors. Western Health's Best Care committees work with operational management committees to drive and support the planning, review and improvement of Best Care within Western Health.

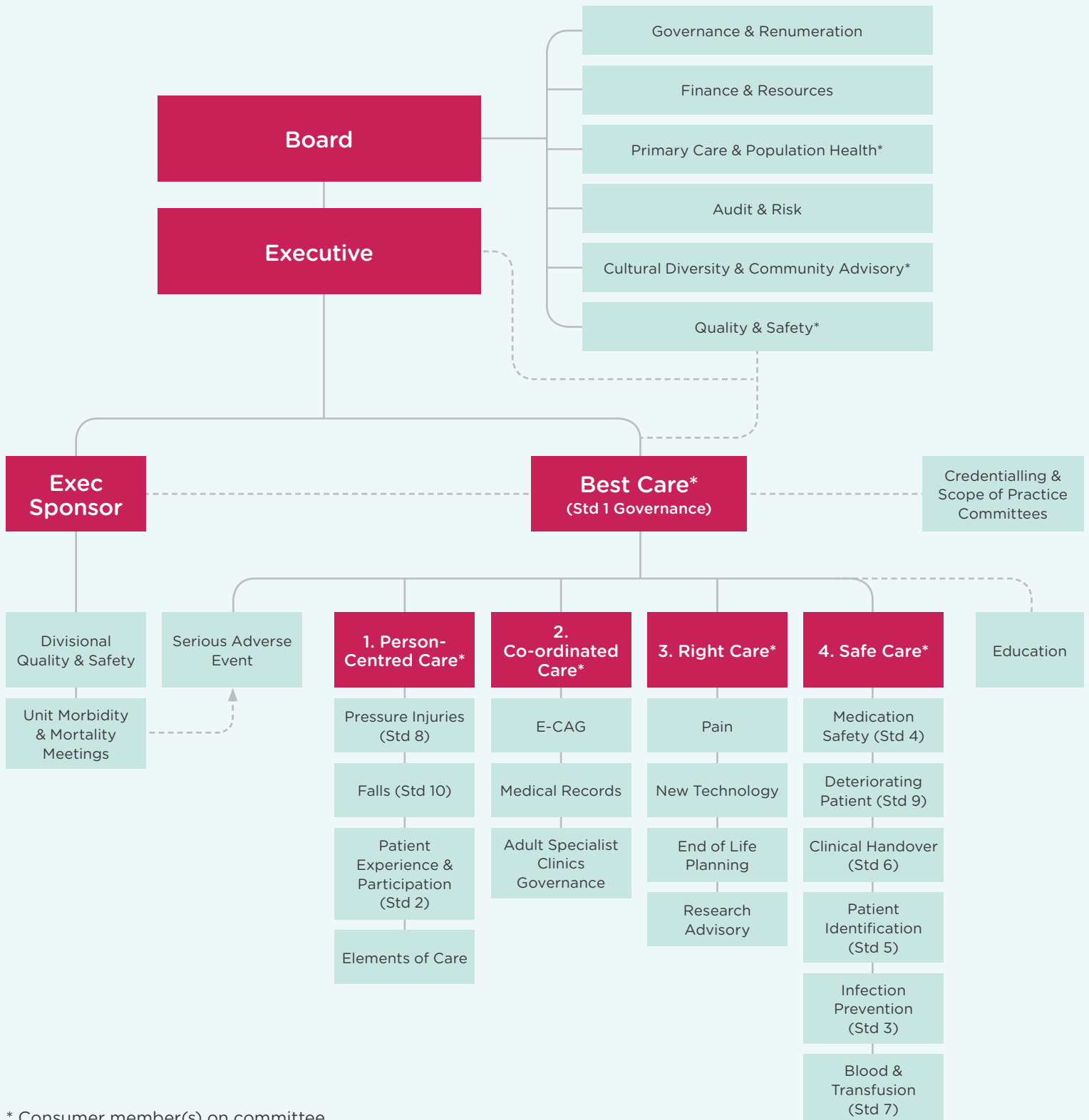
All Western Health committees have charters that clearly articulate their roles, responsibilities and functions, including:

- ∅ monitoring the organisation's performance, addressing any high-risk aspects of patient care and driving care improvements
- ∅ promoting, reporting and reviewing anything that goes wrong
- ∅ collecting, reviewing and asking questions about data relating to clinical performance
- ∅ developing systems, policies and procedures to guide staff to provide quality and safe care
- ∅ developing and agreeing quality plans
- ∅ reviewing and analysing themes related to patient complaints and feedback and ensuring action is taken to improve service areas
- ∅ reviewing major complications and deaths to see if the care provided was appropriate and if anything could have been done differently, hence learn as an organisation.





## Committee Structure Supporting Best Care



\* Consumer member(s) on committee

# Accreditation

Building on the success of a periodic review in March 2014, Western Health has continued to strengthen and improve performance across the ten National Safety and Quality Health Service (NSQHS) Standards and is well placed for an organisation-wide survey against these and the five EQuIP National Standards in 2016.

Compliance oversight and improvement planning with each of the ten NSQHS Standards is assigned to specific committees within the Committee Structure supporting Best Care. For example, NSQHS Standard 1 covering quality and safety governance is aligned with the Best Care Steering Committee. Over the past 12 months, this Committee has oversighted the following activities to strengthen quality and safety governance:

- ∅ Introduction of 'Audit Angels', a mobile, integrated Point of Care auditing Tool. The Angel was developed specifically to enable Healthcare Practitioners to meet National, State and Organisational Compliance and Certification Requirements quickly, easily and cost effectively. Introduction of the Angel has been supported by a full review of Western Health's clinical audit system and framework.
- ∅ Refinement of the committee structure supporting Best Care and additional recruitment of consumers to cover all Best Care committees.
- ∅ Enhancement of the reporting framework that supports Best Care, including improving the transparency of data from the ward right through to the Board. This has involved the development of electronic dashboard reports that are accessible to local managers and action oriented reports to the Best Care Committees.
- ∅ An increase in the training opportunities to support staff in their responsibilities in relation to quality and safety such as redesign and improvement methodology, and improving how we communicate with our patients.
- ∅ An increase in leadership walkarounds, where our executive team visit patient care areas to meet and greet staff and patients and talk about their care experiences. These discussions have prompted a range of improvements to infrastructure, equipment and the review of care processes such as meal times and quality.

Western Health has engaged in an external evaluation process which will objectively monitor and review how our Best Care Framework has impacted quality and safety at Western Health. This is a three year project in partnership with La Trobe University.

Examples of improvement activity undertaken to strengthen Western Health's compliance with NSQHS Standards 2-10 are covered in the sections of this Report dedicated to reporting against the dimensions of Person-Centred Care, Co-ordinated Care, Right Care and Safe Care.



## Person-Centred Care

“I am seen  
and treated  
as a person”



This section describes how Western Health is promoting and implementing Person-Centred Care.

## Consumer Participation

Western Health is committed to involving consumers, carers and community members in decisions about health policy and planning, care and the wellbeing of the broader community. We use the Department of Health and Human Services' 'Doing It With Us Not For Us' Strategic Directions to guide our consumer participation focus and activity at an organisational level.

The following are examples of areas where we have focused participation activity over the past 12 months.

### Supporting Health Literacy

Western Health's involvement in the Better Health Plan for the West's Health Literacy Demonstration Project informed the development of a Patient Health Information Centre which opened on the ground floor of Sunshine Hospital in September 2014.

Patients come to the centre to learn more about their health and pick up information on topics including diabetes, cancer, dementia and palliative care.

The centre is staffed by trained volunteers who help visitors find the information they need – and often more. For example, a family from interstate who presented at our Emergency Department with their son were looking to stay close to the hospital. The Health Information Centre volunteers assisted them to find suitable and affordable accommodation. A patient visiting the hospital for an outpatient appointment picked up a flyer on Advance Care Planning and later contacted our Advance Care Planning Project officer to assist her to develop a strategy for her care.

Since the centre opened in October 2014, 823 people have visited. Of those, 207 people were interested in finding out more information about their health, with diabetes, dementia, palliative care, cancer and nutrition the most requested topics. The success of the centre has prompted Western Health to set up a similar model at Footscray Hospital.



### John Castellas volunteers at the Patient Health Information Centre

*"As a volunteer I have found it highly rewarding helping patients learn more about their health by assisting them to search through sites like The Cancer Council, Quit and the Better Health Channel."*



**Feedback from a patient on the Sunshine Patient Health Information Centre** (translated into English from Greek)

*“Your volunteers are excellent, especially John and Janelle. They guided me to where I need to go and gave me a good deal of information and quite a bit of material (which they printed for me in Greek). I believe that this is one of the best centres of service at any hospital. Thank you so much”.*



(left to right) Volunteers Kath Grima, Ula Kardas, Dorothy Charman, Rose Conway and Judy Andrew.

## Volunteering at Western Health

The theme for National Volunteer Week 2015 was *Give Happy – Live Happy* and this is a particularly fitting theme for our 600 member strong volunteer team at Western Health.

Walking around our Western Health sites, we can see the Give Happy – Live Happy theme in action on a daily basis. We see it in the foyers with our visitor guide volunteers, giving support to our patients in finding their way around our hospitals. We see it on the wards with our social support volunteers, happily listening to our patients and visitors talk about their lives and sharing their stories. We see the giving nature of our Opportunity Shop and Auxiliary Volunteers who raise funds to support many worthwhile initiatives across our health service.

We also see the specialist skills some of our volunteers bring to our organisation on a regular basis, including the Therapy Garden Volunteer Team, the Patient Health Information Centre Volunteer Team, and the Meals Assistance Volunteers which in turn brings joy and practical support to our patients and their families.

During 2014, the Western Health Volunteer Program underwent a review. We wanted to stop for a moment, reflect on where we had travelled to and ensure that we were aligning with the Best Care Framework and supporting our staff and patients in the way that they needed to be supported. We had some very favourable results during this review but it also highlighted some areas that we need to work on. A total of 89% of volunteers feel that their volunteer role utilises their skills and from this, we can aim to make that 100% and ensure that we tap into that skill bank. It was fantastic to see that 100% of staff indicated that they have recognised the benefits of having a volunteer program in their work space.

## Top State Awards for Western Health Volunteers

For the sixth year running, Western Health's dedicated volunteers have been acknowledged with top awards at the Minister for Health Volunteer Awards.

The Award for Outstanding Achievement by a Volunteer Team: Innovation Award went to our Transition Care Unit Volunteer Team. This team ranges in age from 19 to 68 years of age and speak five different languages. The team attends the Transition Care Unit seven days a week to support patients and their families with a range of different activities and opportunities to prepare for the time when they will be going home.

The Award for Outstanding Achievement by a Volunteer: Improving the Patient Experience went to Milan Gluhuk. Milan offers his time as a Therapy Garden Volunteer in the Secure GEM Unit at Sunshine Hospital. The garden has been developed through community partnerships specifically for people with dementia. Being a passionate gardener, Milan understands the connection between gardening and wellbeing. He will often research and plant specific vegetables or herbs relevant to a patient's cultural background to help assist with that patient's therapy.



*Minister for Health, The Hon Jill Hennessy, with Western Health volunteer award winner, Milan Gluhuk.*

## Ella, 97 year old patient interviewed as part of the Strategic Plan consultation process



*“It is nice to be treated with respect and kindness because that is what you need. Most people, particularly on your own, are frightened, so if someone can reassure them and make them feel comfortable, it helps with their recovery. I think the main thing is compassionate care and not to be patronising, which can happen when you get older. One thing I don’t like is when people don’t call me by my name. They call me “darling” without enquiring about my name. I like to be called by my own name and I don’t think that is unreasonable. When I was admitted last time, it was an*

*emergency and they did everything to reassure me and at my time of life to know that you have to have an operation at midnight is rather frightening and they were wonderful. I did tell them they had to get me out of there quickly as I had a grandson who was having a 21st birthday and if I died they’d be in trouble. Four days later I made the party and it was a Mexican night so I was got up in my Mexican rigout and went to the party – thanks to the way they looked after me at the hospital”.*

*“It is nice to be treated with respect and kindness because that is what you need. Most people, particularly on your own, are frightened, so if someone can reassure them and make them feel comfortable, it helps with their recovery”.*

## Strategic Planning for a Positive Patient Experience

During the first six months of 2015, Western Health undertook a consultative process to develop a new strategic plan. Delivering person-centred care clearly starts with listening to the communities we serve. It is these voices we’ve listened to in order to identify and prioritise our strategic aims. This involved over 120 hours of one-on-one interviews, meetings and focus groups with more than 1,000 people, including consumers, staff and community partners.

Overall we heard that we have improved significantly over the last five years but there are still areas for improvement, particularly in reducing the wait for services, matching services to the diverse needs of our community, providing better facilities and delivering consistent, co-ordinated care.







Fifty-six people joined Board Directors at Footscray Town Hall in March 2015 for Western Health's annual Open Access Board meeting.

## Open Access Board Meeting 2015

Fifty-six people joined Board Directors at Footscray Town Hall in March 2015 for Western Health's annual Open Access Board meeting.

The theme for the meeting was strategic planning for a positive patient experience. The most common themes contributing to a positive patient experience into the future were identified by participants as:

- ∅ **Communication** – between patients, families, staff and community partners
- ∅ **Wait** – reducing waiting times, predominantly in our emergency departments but also with a strong focus on outpatient service waits
- ∅ **Co-ordination** – at all stages of the patient journey, including following discharge
- ∅ **Patient/Experience** – considering care from the perspective of the patient and their carers and providing a consistent care experience
- ∅ **Services/Care** – determining the health services best provided by Western Health, primary care, and other health services where there are specialist health needs.
- ∅ **Discharge** – supporting patients to transition from hospital to home and partnering with community services, particularly General Practitioners (GPs) to ensure continuity of care.
- ∅ **Community** – partnering with the community to provide the best possible care; understanding and meeting the health needs of our culturally diverse community, including the needs of those with chronic disease.
- ∅ **Ehealth** – supporting one health record that facilitates communication and co-ordination across the patient journey and minimises duplication.
- ∅ **Different** – being innovative about how Western Health can provide person-centred, outcome focused healthcare

The above themes were added to the broad consumer consultation process to support the development of the new Strategic Plan 2015-20 for Western Health.

## Consumers on Committees

Western Health has 82 consumers on our consumer register with 20 participating on committees including the Person-centred Care Committee, which has a consumer as a co-chair, the Right Care Committee, the Safe Care Committee and the Co-ordinated Care Committee. Consumers also participate on working groups in Cancer Services, Outpatients and Food Services.



Nora Refahi is a consumer member of the Western Health Co-ordinated Care Committee and the Specialist Clinics Governance Group.

Nora presented to Western Health with a life-threatening condition. Reflecting on her experience, Nora says that she wanted to “give something back to the hospital and all the staff that saved my life”.

*“I have always had a busy life and I never thought about taking part in any committee, but after my stay in hospital I provided some feedback on the care that I received. Following this, Assunta approached me and asked if I would like to participate in a Committee. At first, I was a bit nervous because I have always been a bit quiet and English is my second language, but all the staff made me feel so welcome. They are very giving of their time and have supported me by explaining things to me, listening to my opinions and suggestions and taking them on board. Sometimes I would just ask what I think is a simple question and this starts a whole new discussion that generates new ideas and suggestions for improvement. I now know first-hand that Western Health does listen to patient feedback and uses it to continually make improvements in line with its commitment to foster excellence and aim to provide ‘best care’. This has empowered me to speak up more and feel confident that I can help create change and improvement by working together with the staff.”*

*“I have always had a busy life and I never thought about taking part in any committee, but after my stay in hospital I provided some feedback on the care that I received”.*



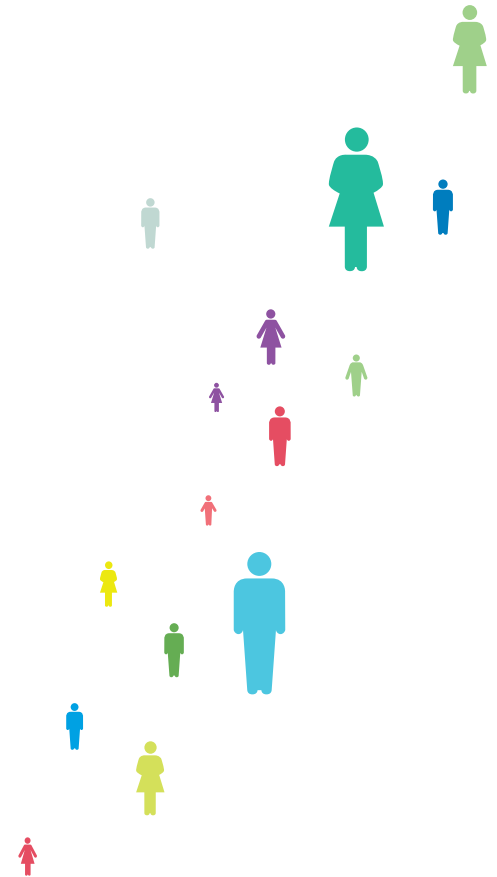
# Responding to our diverse community

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

## Cultural Diversity and Community Advisory Committee

Western Health's Cultural Diversity and Community Advisory Committee advises the Board on cultural issues and makes recommendations to improve services for our communities. Members of the committee are from a range of cultural backgrounds and the committee is chaired by Western

Health Board member Mrs Elleni Bereded-Samuel. Mrs Bereded-Samuel was born in Ethiopia and has focused her life's work on strengthening education, training and employment for Culturally and Linguistically Diverse (CALD) communities in Australia.



CDCAC members, Dr Arlene Wake, Assunta Morrone, Rosemary Madden, Lisa Field, Dr Vladimir Vizec, Elleni Bereded-Samuel, Cuc Lam, Norma Serrano, Annalisa Cannizzaro, Cecilia Gomez, Jim Asimakopoulos, Eamonn O'Toole.

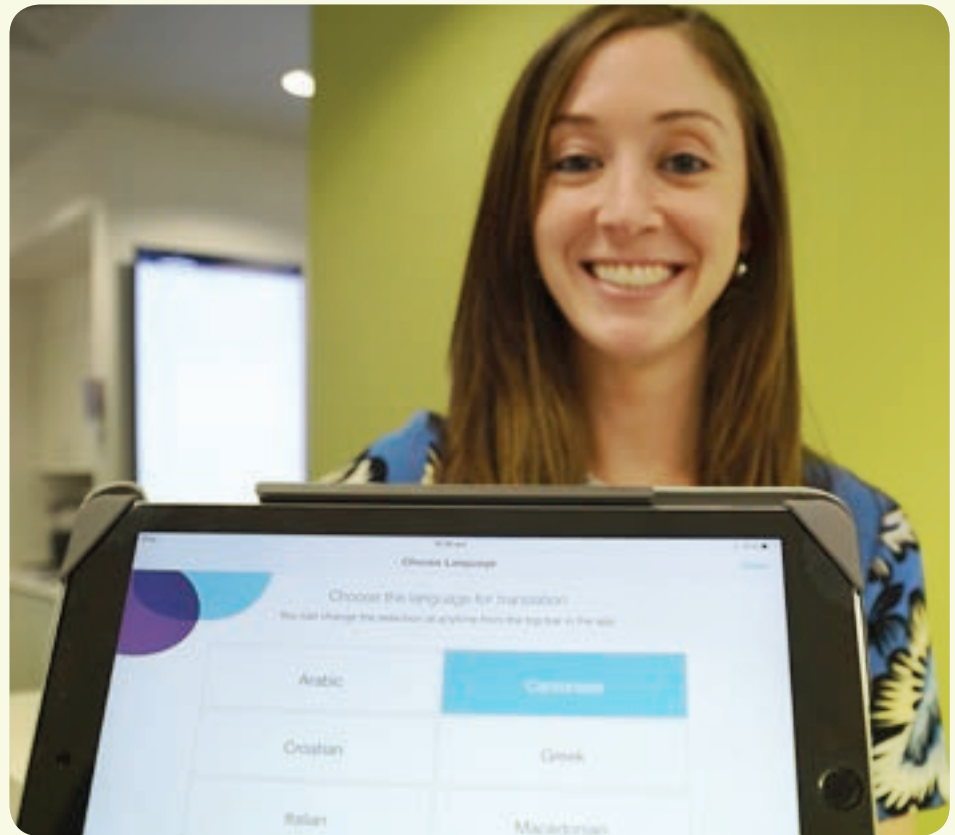
## Cultural and Linguistic Diversity

Cultural and linguistic diversity (CALD) is a fundamental characteristic of the Western Health community, with more than 100 languages spoken in the catchment.

Western Health provides accredited interpreters to all patients who need one. In recognition of the diverse patient group, Western Health has on staff interpreters in 11 different languages, including:

- ∅ Vietnamese
- ∅ Arabic
- ∅ Italian
- ∅ Spanish
- ∅ Dinka
- ∅ Mandarin
- ∅ Cantonese
- ∅ Macedonian
- ∅ Serbian
- ∅ Croatian
- ∅ Greek

Western Health employs full-time interpreters to meet the high demand for language services and provide continuity of care. Our interpreters are accessible at short notice, which is vital in an acute health setting.



Lauren Belleli showcases the iPad app.

## Cultural Key Phrases Tool delivers Equitable Healthcare

Interpreters are required to aid communication between clinicians and non-English speaking patients to ensure appropriate and timely care. Demand for interpreting services however, often exceeds supply. The result of this inequity is that we are not always able to support and ensure effective communication between our patients and their allocated clinician.

Speech Pathology partnered with CSIRO to develop the *CALD Assist* iPad app to facilitate initial assessments when an interpreter is unavailable. *CALD Assist* contains key phrases in ten common languages alongside pictorial, video, written and voice-over prompts.

Verbal feedback from clinicians indicates positive acceptance of the *CALD Assist* app. It was used on average once a week during the trial. With use of the app, clinician report of 'complete confidence' in obtaining an accurate patient assessment increased from 10% to 41% and reports of 'no confidence' dropped from over 50% to 16%. Time required to complete an assessment reduced from an average of 41 to 15 minutes.

*CALD Assist* has been successfully deployed on acute wards at Western Health, has attracted significant interest from other disciplines and organisations and has the potential to be modified for other user groups in the future.



*African Market Stall at Sunshine Hospital.*

## Celebrating Diversity

Diversity Week is a statewide annual celebration of Victoria's cultural, linguistic and religious diversity held on 21 March to coincide with the United Nations International Day for the Elimination of Racial Discrimination.

This year Western Health celebrated Cultural Diversity Week with a multicultural craft market at Sunshine Hospital on 19 March 2015. Store holders were recruited from the local community and included the Maltese Community Association, an organic honey producer, African basket and jewellery stall, soy candle stall, Indian clothing stall, Western Health Auxiliary and Opportunity Shop, craft and jewellery stalls and an indigenous plants stall. The Asylum Seeker Resource Centre provided catering and the Holy Eucharist Primary School Choir and the Blue Fire Belly Dancing both performed.

The market was a great opportunity for local store holders to engage with staff and patients. The atmosphere was festive and the school choir was a highlight. The Principal of Holy Eucharist Primary School said the children were very excited and had learned new songs in keeping with the theme of cultural diversity; some even came in traditional dress.

## Our First Cultural Diversity Calendar

In 2015, Western Health produced its first diversity calendar. Each page features a story and photo of a staff member or volunteer, with key religious and cultural events listed on the calendar.

The cultural diversity of our catchment, staff, patients and community is a real asset, and we value the diversity of opinions, perspectives and interests. This calendar recognises the diversity of the whole Western Health community.

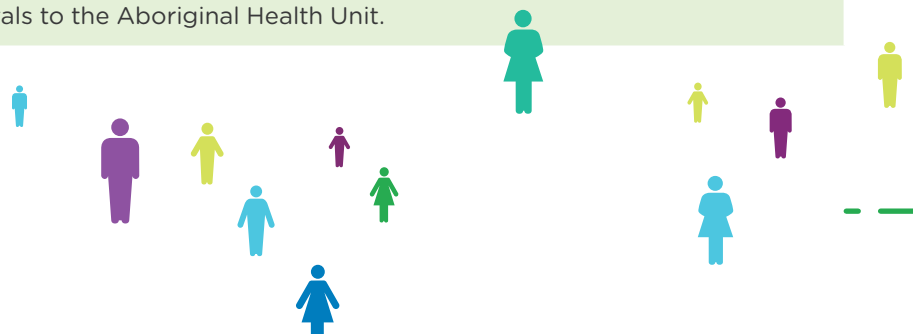
## Improving Care for Aboriginal People

Western Health acknowledges that Aboriginal Victorians experience poorer health and lower life expectancy than the wider community. We are committed to addressing this by implementing the key result areas of the Victorian Government's Improving Care for Aboriginal and Torres Strait Islander Patients Program.

To demonstrate the provision of quality care for Aboriginal and Torres Strait Islander patients, health services are required to report progress against four key result areas. Western Health's key achievements in each of these areas are outlined below.

### Aboriginal Health: Progress in Key Result Areas 2014-15

Key Result Area	Key Achievements to Date
Engagement and Partnerships	<ul style="list-style-type: none"> <li>∅ The Remote Area Health Corp (RAHC) partnership with Western Health placed five emergency nurses in remote Northern Territory for six-week secondments.</li> <li>∅ The Koori Maternity Service and Midwifery Group Practice continued support of Aboriginal women during their antenatal period with an increase from 2013-14 of 60% in Aboriginal women/babies birthing at Sunshine Hospital and 95% in Aboriginal women attending antenatal appointments.</li> </ul>
Organisational Development	<ul style="list-style-type: none"> <li>∅ The Aboriginal Health Unit held a planning day to develop the Western Health Aboriginal Health Plan 2015-18.</li> <li>∅ The Aboriginal Health Policy and Planning Manager was invited to participate on the Western Health Ethics Committee</li> </ul>
Workforce Development	<ul style="list-style-type: none"> <li>∅ Western Health received funding for two traineeships and one leadership course to increase Aboriginal and Torres Strait Islander employment and professional development.</li> <li>∅ Six externally facilitated Aboriginal Cultural Awareness Training workshops were delivered, with 167 attendees.</li> <li>∅ An Aboriginal Health Liaison Officer weekly supervision and support model was developed and implemented.</li> <li>∅ There was continued and increasing interest from Western Health departments for Aboriginal Health Unit staff to deliver cultural training, including the role of the unit and liaison officers and identification of Aboriginal patients.</li> </ul>
Systems of Care	<ul style="list-style-type: none"> <li>∅ The Aboriginal Newborn Identification Project progressed, with changes to the collection of identification of Aboriginal mothers and babies in the Western Health Birthing Outcomes Systems (BOS).</li> <li>∅ There was an increase in referrals to the Aboriginal Health Unit.</li> </ul>





*Footscray ED Clinical Nurse Specialist Ruth Coleman during her secondment.*

## Western Health and Remote Area Health Corps Partnership



For Ruth Coleman, applying for a six week secondment to the Northern Territory as part of the 2014 Remote Area Health Corps (RAHC) and Western Health Remote Nursing Program was one of the best decisions she has made.

The Clinical Nurse Specialist spent six weeks caring for the community of Warruwi on Goulburn Island, approximately 300km east of Darwin at the eastern base of the Coburg Peninsula.

“I viewed the program as an opportunity to challenge myself, to test my skills and put them to good use, outside of my daily role in the Emergency Department. It provided me

with a lot more confidence in my skills as a nurse. During the secondment, you are a sole practitioner a lot of the time, as you are making the decisions. It was scary at first but it does make you realise that you do have that knowledge and you can put it to good use”.

The ongoing partnership between Western Health and RAHC shows Western Health’s commitment to responding to the needs of the Indigenous community and ‘Closing the Gap’ initiatives. Selected staff undertake six week secondment positions in a health care facility in a remote indigenous Community in Central Australia or the Northern Territory.

**Western Health staff member Judy, posted feedback on Emma Gee's talk:**

*Emma's presentation was excellent; she is an accomplished public speaker and very proficient in the use of technology. "What I found most useful was the 'inside' view of the patient perspective, which was enhanced by her use of story and visual aids. I found the video of her first impressions when coming out of the coma particularly moving and insightful. It has often seemed to me when listening to a patient account of stroke that their experience must be frightening and disorienting; that video gave me an opportunity to see and experience it. I am very glad I attended and I'm sure the presentation will inform my practice".*

## Improving Care for Patients with Disabilities

Person-Centred 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's Disability Advisory Committee provides advice and monitors the Disability Action Plan. The Disability Advisory Group consists of staff, consumers and disability service providers.

Each year on 3 December, Western Health celebrates International Day of People with Disabilities. In 2014, Western Health invited Emma Gee, an acclaimed inspirational speaker, to share her insights and experience of surviving a stroke and learning to speak and walk again. Her experience as a consumer offered staff valuable lessons on communication and caring for people with a disability.



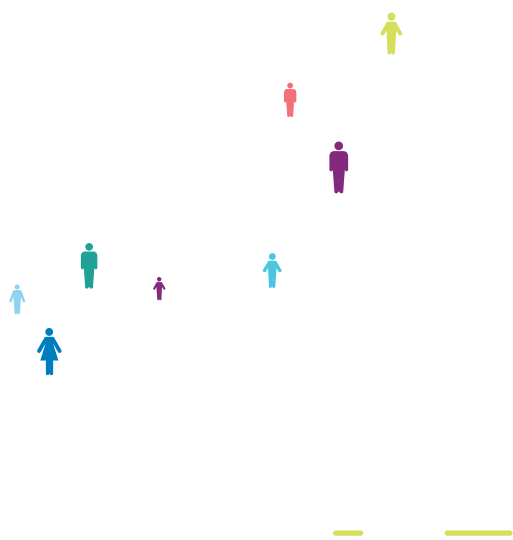


## Listening and Responding to Consumers







Western Health values feedback from patients, families and carers. We provide many opportunities for feedback and we use feedback to inform decision making and service planning and design.

### Encouraging Feedback

Western Health values feedback and provides a range of avenues for consumers to provide their feedback – both positive and negative.



#### We have multiple ways for consumers to provide feedback:

 <p>Fill out a feedback form and put it in the feedback boxes</p>	 <p>Talk to a staff member or volunteer</p>
 <p>Leave a voice message on 1800 31 96 31</p>	 <p>Ask to speak to the patient representative</p>
 <p>Email us at: <a href="mailto:feedback@wh.org.au">feedback@wh.org.au</a></p>	 <p>Fill in a patient experience survey if selected through the Victorian Health Experience Survey process</p>

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

Western Health recognises that good complaint management is important because it provides an opportunity for people to voice their concerns, promotes patient satisfaction, and provides feedback that the organisation can learn from. It is a critical indicator of the true health of the hospital system.

Poor communication between staff and patients and staff to staff is a common theme, hence the emphasis on communication skills in our training

programs. This theme has also been identified through our newly introduced Patient Story initiative. Each of Western Health's Best Care Committees have been tasked with applying a formal process for developing and responding to a patient story. Debbie's story is an example. In 2014, we introduced staff to Debbie, who came to Western Health as an outpatient. Her experience was that staff did not introduce themselves. Debbie's story inspired us to form 'The Patient First Impressions' working party. This group identified a clear opportunity to influence the patient experience by staff wearing name badges.

Over a period of six months, the working party systematically delivered over 7,000 name badges. Our staff and volunteers are required to wear their photo ID badges and their name badges when on duty in a visible location on their person. Department

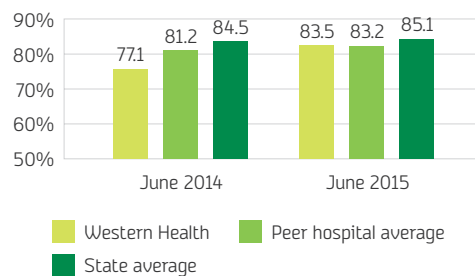
Heads are responsible for monitoring of this policy within their work areas.

To enhance this initiative, the Patient First Impressions working party has also commenced the implementation of the 'My name is ...' project. This involves following five steps to creating a good and lasting impression on patients:

1. Introducing ourselves (Hello my name is ...)
2. Tell you what we do
3. Explaining our role
4. Answering your questions
5. Checking in again to make sure everything is okay

We are able to track our performance against staff introducing themselves to patients through the Victorian Health Experience Survey results. The following graph shows an improvement from 77.1% in June 2014 to 83.5% in June 2015. This compares favourably to like hospitals and is close to the state average.

#### Victorian Health Experience Survey Did all staff introduce themselves?



Western Health has developed a Patient Dashboard Report where all feedback is collated under the Best Care key dimensions and reviewed. This includes data received from the compliments and complaints system, the Victorian Health Experience Survey, inpatient surveys collected by our volunteers, and feedback received directly through the feedback white boxes and from patients themselves.

The Best Care Committees analyse the data and develop action plans to address key themes and learn from the experiences of our patients and their families.



*"I usually try to talk to about four patients each week. Most people are happy to have a chat but of course sometimes people are really sick or just tired and don't really feel like talking".*

**We know that patients sometimes feel uncomfortable giving feedback to staff so we have trained volunteers to talk to patients about their experience. Feedback is now captured on an electronic device that sends the data straight to an external agency that collates it and sends a report back to Western Health each month.**

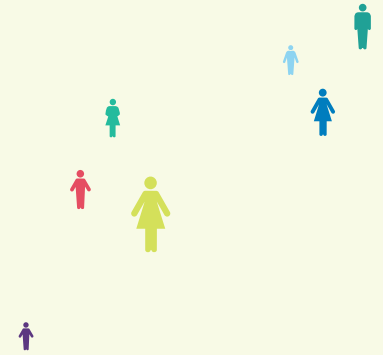
Joanne D'Arbry spends Thursdays talking to patients on the wards about their experience. She is part of a team of around 10 volunteers who have been trained to gain feedback from patients.

*"When I explain to people what I'm doing I start with getting them to rate their experience on a scale and most will rate it as positive. It's not until I ask them if there is anything else that they would like to comment on that the stories start to come out. Sometimes it's just about wanting more information and sometimes you get such lovely stories. I met a lady once who remembers selling raffle tickets for Footscray Hospital when it was first being built. When I first started we were just using paper forms but now it's great that it can all just be collated straight away. I really enjoy collecting feedback because most patients are happy to help and grateful for the opportunity to give feedback. What I love most is knowing that the organisation is committed to improving the patient experience and that the information is used to make improvements for the patients."*

## Elements of Care

Over the past year, Western Health has focused on getting the basics of patient care right and doing this in a manner that engages and supports patients.

This has involved reviewing fundamental assessment and care planning practices across the organisation and focusing on patient-centred practice improvements targeting the following elements of care: falls management, pressure injury management and nutrition management.



### Assessment and Care Planning at Western Health

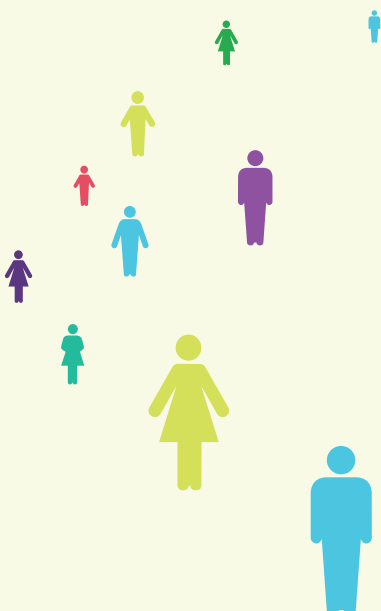
A comprehensive review of existing screening, assessment and care planning practices has been undertaken across Western Health to improve patient care.

The Assessment and Care Planning initiative aims to implement a standardized framework for early identification of patients at-risk of clinical incidents. A comprehensive review of existing practices was performed. This involved mapping the current patient journey with 41 key stakeholders from across the organisation; collecting the existing tools in use; conducting 100 patient file audits and benchmarking against Victorian health services.

The review identified excessive duplication of processes and the absence of continuous risk screening throughout a patient's admission. A number of new assessment and care planning tools were introduced for trial on 6 pilot wards, requiring the education of 267 clinical staff.

A Daily Risk Screen (incorporating 5 clinical risks) was introduced, with screening to commence in the Emergency Department and be repeated daily during admission, prompting the completion of further actions when a risk is identified.

A modified Nursing Care Plan was introduced to prompt the implementation of targeted strategies based on an individual's clinical risk. Over the duration of the 3-month trial, 200 patient files were audited with 97% compliance using the Daily Risk Screen, improved documentation of targeted strategies on the Nursing Care Plan and a reduction in clinical incidents by an approximate average of 20%.



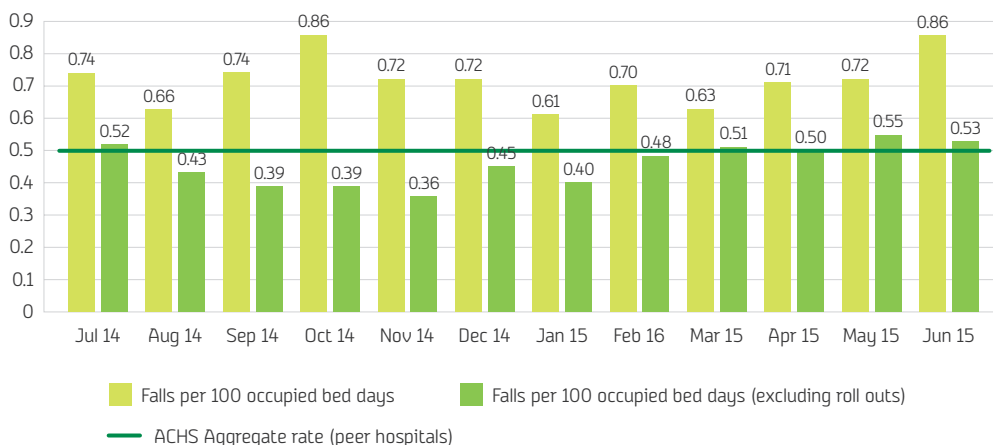
## Preventing Falls and Harm from Falls

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

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

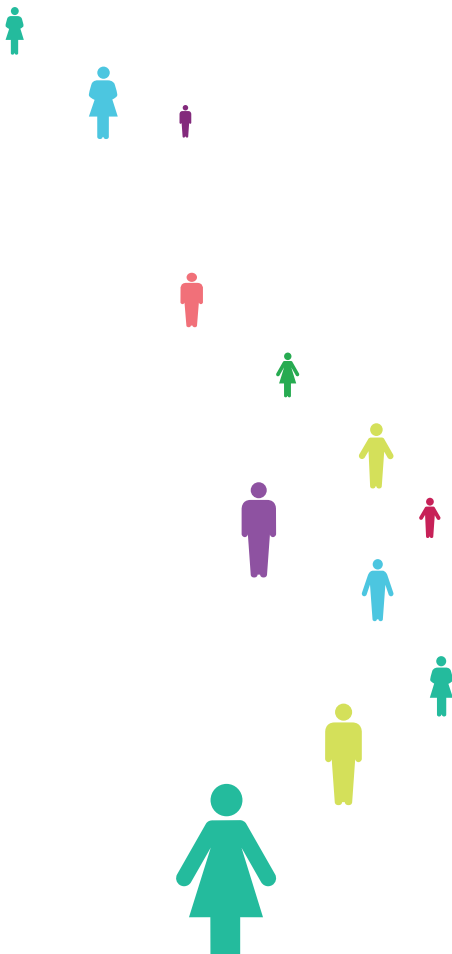
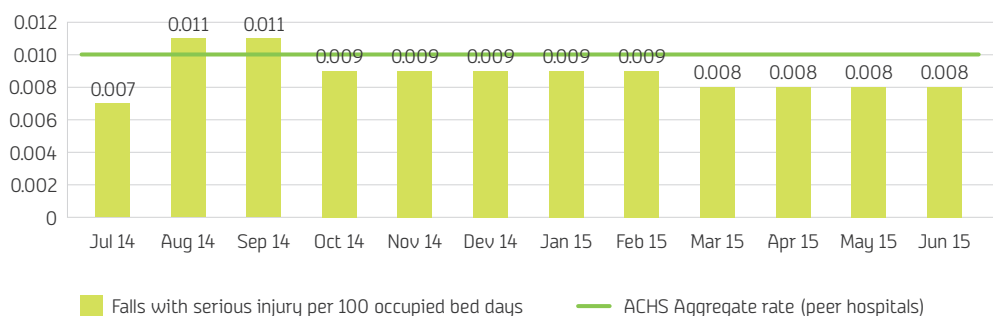
As demonstrated by the graph below, Western Health falls rates are above Australian Council on Healthcare Standards (ACHS) aggregate rates for peer hospitals. Analysis of our falls data shows that consistently 20% of all recorded falls are patients rolling out from low-low beds. These are considered to be safe or controlled falls, with low-low beds in use because patients have been identified at risk of harm from falling. Our falls rate excluding roll outs has also been included in the graph below.

**Falls per 100 occupied bed days**



As demonstrated by the graph below, Western Health continues to have a lower rate for falls with serious injury than the average of peer organisations. To achieve this rate, Western Health set a target of a 25% reduction in falls with a serious injury for 2014-15 from 25 incidents to 19. 20 incidents involving patients who sustained a serious injury were reported for that period, representing a 20% reduction.

**Falls with serious injury per 100 occupied bed days (cumulative rate)**



The following actions undertaken over the past 12 months supported our reduction in serious injuries resulting from falls and enhanced our existing practices for identifying and managing the risk of patient falls. These actions were informed by a self-assessment of Western Health's compliance with National Standard 10 on falls management.

- ∅ Implementation of a falls prevention pack that will be progressively rolled out during 2015.
- ∅ Implementation of Falls Leaders in every ward of Western Health who champion falls reduction in their area. A Falls prevention summit was held for Falls Leaders, which focused on understanding of caring for the patient as a whole and specific strategies that may assist in preventing falls and minimising injuries
- ∅ Implementation of a new falls education package that can be delivered by the Falls Leaders, Centre for Education and members of the Falls Prevention Steering Committee
- ∅ A changed approach to graduate nurse and midwife orientation so that staff receive education on falls and falls prevention at orientation
- ∅ Development of a falls prevention intranet website accessible to all staff across Western Health
- ∅ Review of all falls prevention equipment across Western Health, which led to a recommendation to use a specific 'falls crash mat'. This mat has been trialled in the subacute wards at Williamstown Hospital and found to be effective for patients as well as cost-effective

## Innovative new Falls Package Launched

### On any given day at Western Health:

- ∅ At least six patients will sustain a fall
- ∅ One will sustain a minor injury (bruise, graze or laceration)
- ∅ Two will have rolled off a Low-Low bed

### Over a year at Western Health:

- ∅ 2160 patients will fall
- ∅ 432 will be physically injured
- ∅ 20 will suffer an injury that requires additional care and extra time in hospital

The Western Health Falls Prevention Committee has launched an innovative new package to help reduce the risk of falls for patients.

The Western Health Falls Package consists of a series of tools to assist in educating patients in hospital about falls prevention and highlight patients at risk. This includes posters encouraging patients to press their call bell rather than just getting up on their own, posters with strategies for preventing falls, stickers to identify which patient is a falls risk, replacing existing signage which is different in every ward, and patient/carer brochures to help educate about how they can assist in preventing falls.



(left to right) Irene Brunk, Wendy Malone, Tiffany Crossland, Wendy Watson and Ghada Elias.

## Preventing and Managing Pressure Injuries

Pressure injuries, often called bed sores or pressure sores, occur in people who are frail and in those who have reduced mobility due to bed rest or physical disability.

Western Health continues to recognise that preventing pressure injuries is an important safety issue. Over the past twelve months the Pressure Injury Steering committee has worked with frontline clinical staff to support them during the organisational change and the transition of some services from Footscray Hospital to Sunshine Hospital. These changes in some instances have required staff to adjust to an increase in patient numbers, working within a new team environment and a new physical environment.

Western Health continues to promote the vision of “zero tolerance for hospital acquired pressure injuries” to all clinical staff through short courses, forums and ward education programs. Recently more than 200 staff attended a forum highlighting the impact pressure injuries can have on patients and their families lives.

The sustained rollout of the *SSK/INs* pressure injury prevention strategy is helping to reduce the number of patients developing pressure injuries whilst in hospital.

The *SSK/INs* (Surface, Skin integrity, Keep Moving, incontinence and Nutrition) program helps staff to identify each patient’s risk for developing a pressure injury and the individual care that is required to prevent them. Each patient’s plan of care includes:

**S - Surface.** Checking if patients are being nursed on the correct type of mattress.

**S - Skin assessment.** Checking the skin at least daily for any reddened or painful areas and documenting in the patient’s progress notes.

**K - Keep moving.** Patients are educated to use every opportunity to move in bed and get up and walk if allowed.

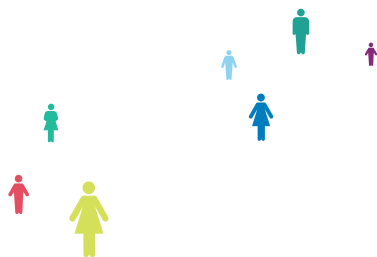
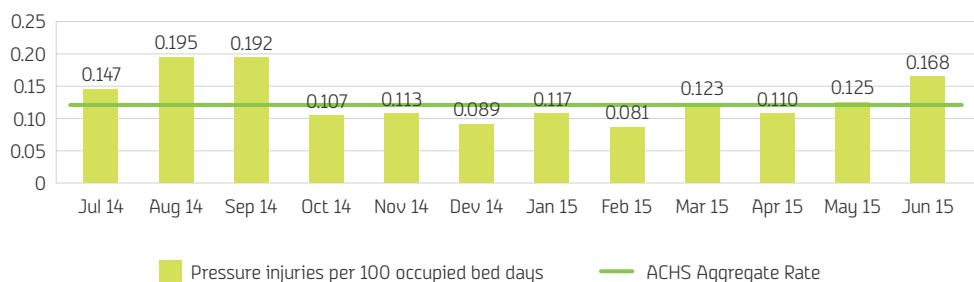
**I - Incontinence.** A skin care program and the correct use of aids are used to help prevent the skin from breaking down

**N - Nutrition.** The nursing staff check what patients are eating and drinking and how much

The *SSK/INs* program has shown a substantial reduction in pressure injuries on the wards who have taken on this program and successes have included one ward achieving over 245 consecutive days without a pressure injury.

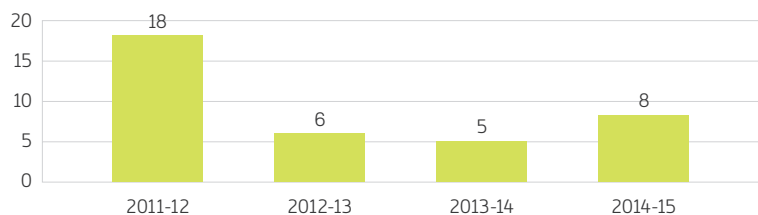
Overall, trended Australian Council on Healthcare Standards (ACHS) data demonstrates that Western Health pressure injury rates are generally at or below the peer hospital aggregate rate. This is demonstrated by the graph below. However, we aim to continually reduce the number of pressure injuries acquired in hospital, with a particular focus over the next 12 months on stage 2 pressure injuries and consistency in pressure injury prevention and management across the organisation.

Pressure injuries per 100 occupied bed days



Data on stage 3/4 pressure injuries acquired in hospital demonstrates that Western Health has made inroads in progressing organisation-wide initiatives to minimise the number of patients developing more severe hospital acquired pressure injuries. However, we still aim to further reduce this number.

#### Stage 3/4 & unable to grade pressure injuries acquired in hospital



## Nutrition Management

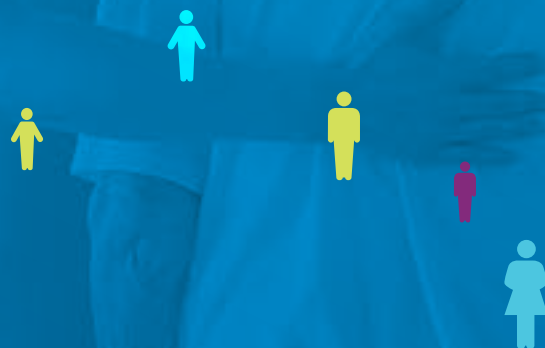
Malnutrition is common in the hospital setting and can adversely affect clinical outcomes and costs. Effective management of malnutrition requires collaboration among multiple clinical disciplines. Nutrition programs to manage malnutrition can also deliver a better patient experience.

In order to improve the management of patients at risk of or malnourished in Western Health, four nutrition intervention programs have been simultaneously rolled out, initially across Williamstown Hospital. These programs are:

- ∅ Volunteer Meal Assistance Program (VMAP): this program was implemented on the 2 subacute wards and involves volunteers helping patients who require assistance with their meals. A selected sample of 23 patients on one of the subacute wards confirmed that 70% needed assistance with meals and of these, 94% received the required assistance. Staff reported positive social benefits for patients on the VPMP and that the program freed up staff time for other nursing tasks.
- ∅ Communal Dining: a multidisciplinary 'lunch group' was expanded on the 2 subacute wards
- ∅ Feeding Assistance (Red Domes): A 'Red Domes' (red coloured meal tray cover) program is commencing for patients requiring professional assistance with feeding.
- ∅ Compliance with Western Health Fasting procedure for surgical patients: all fasting processes have been reviewed and all minimum standards achieved.

## Co-ordinated Care

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





Over 2014-15, Western Health continued to explore ways to improve the flow of patients and care across our systems.

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



**The Hon Bronwyn Pike**  
Board Chair

*“People know that the West is an area of our State that has a lot of social disadvantage. It is a very multicultural area and people need that extra level of services and support. We are in the fastest growing region in the country. We obviously need to make sure that we are able to deliver services at every level to meet the needs of the population”.*

*“It’s those people who can tackle the really tough problems; the tough problems of chronic illness, the tough problems of managing massive demand, that are the leaders in health care across the world. I have no doubt that Western Health can provide very substantial leadership to address these challenges. These are the hard nuts to crack and certainly people – whether they’re policy makers, whether they’re funders or whether they’re delivering services – that’s where the rubber hits the road. The really big demands are how do you care for a huge growth in population, a huge growth in chronic illness, and do it efficiently and effectively and give people great care at the same time”.*





*Western Health's Director of ICU, A/Prof Craig French, with the Parliamentary Secretary for Health, Mary-Anne Thomas.*

## Investing in Better Buildings and Facilities

2014-15 saw a significant milestone in the history of Western Health with the introduction of the full range of ICU and cardiac services at Sunshine Hospital, backed by the establishment on site of a range of acute specialty services, including the transfer of 90 specialty inpatient beds from Footscray Hospital.

The commencement of these services marked the transition of Sunshine Hospital into a major acute teaching hospital.

The movement of services including oncology and radiology for instance has meant that the full range of support can be provided to critically ill patients at Sunshine Hospital. It has also meant that we can make use of the purpose designed areas in the acute services building (opened two years previously)

for day chemotherapy. Radiation therapy and chemotherapy as well as the inpatient cancer services are now all on the same site.

As well as being able to now provide more co-ordinated care on a single site rather than having treatment and inpatient care on different sites, we are able to offer more opportunities for single sex accommodation and ensuite care. This is much better for patient care, privacy and dignity.



## Patient Susan's thoughts on movement of the Oncology ward from Footscray Hospital to Sunshine Hospital

*"I now have a window and I can see; it's nice. I was very excited and eager to see the big, new ward. I've actually been in between the two hospitals - I had my treatment in Footscray and my operations at Sunshine and I've had to go back and forth. I was actually in a space with three other men (at Footscray) so it's good to have a room on my own and have that privacy ... and you can sleep better too".*

Critical Care services were officially opened at Sunshine Hospital in March 2015 by the Parliamentary Secretary for Health, Mary-Anne Thomas, on behalf of the Minister for Health, The Hon Jill Hennessy. At the opening event, it was noted that it was a great day for the patients of our region. Sunshine Hospital was the largest hospital in the state without an Intensive Care Unit and had the largest number of Emergency Department presentations of any hospital without an Intensive Care Unit (ICU) - well over 70,000 a year. Sunshine Hospital has one of the busiest emergency departments in the state and the ability to have patients cared for onsite, without being transferred to Footscray Hospital or elsewhere around the city, is a major benefit for the patients and families of the region, helping Western Health provide co-ordinated care to our patients.

Our staff achieved something quite remarkable in establishing this new facility - they opened the critical

care services only eight months after receiving confirmation of State Government funding. Creating fully built, fully operational, fully staffed units in such a short time - including recruiting staff into some of the hardest to fill nursing vacancies in health worldwide - was no small feat. It then required a complex program of safely transferring acutely ill patients from Western Hospital to Sunshine Hospital, moving equipment and implementing the right supports. Our staff took all of this on with passion, hard work, determination and a minimum of fuss - to help transform Sunshine Hospital for the benefit of our entire community.

Having an ICU at Sunshine now provides an invaluable support for the third largest maternity service in Victoria with well over 5,000 births per year. New mothers needing critical care can be treated at Sunshine Hospital, rather than being transferred to another hospital and separated from their newborn babies.



# Co-ordinating Care Services

## Emergency Care

Continued growth in Emergency Department (ED) presentations and a noticeable change in the age and acuity of presentations at Western Health hospitals presents ongoing challenges for us to provide timely emergency care.

There have been some limited but unsustainable improvements in emergency care performance over the past four years, but overall our patients are waiting longer than patients in similar hospitals within Victoria and nationally.

### Percentage of all patients departing Western Health's emergency departments within four hours of arrival

Year	Number of WH ED patients	Patients who departed ED within 4 hours of arrival	Peer group average (national)
2014-15	129,410	59%	Not available
2013-14	127,714	62%	66%
2012-13	122,827	59%	58%
2011-12	120,003	53%	54%



Improved emergency care performance is an organisation wide priority for Western Health as well as the community and we have developed a whole-of-hospital approach to this. Executives, senior managers and clinicians right across Western Health are committed to achieving reduced waiting times for our patients. Improvement is possible and we will be working together to help find the solutions that enable us to do things in a better way for our patients.

As part of our organisation-wide strategy, we sought an external review by Alfred Health to examine the operational management of our ED patients. The review was conducted in

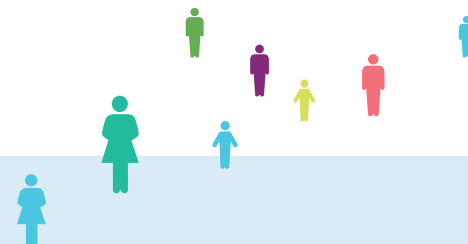
April/May 2015 and the review team was asked to make comment on a number of areas including the existing governance structures and culture; actual process versus documented procedures; patient and information flow through the health service; as well as workforce capacity and capability.

Taking into account a review of the literature and the experiences of a wide range of health services and considering the observations of the team from the Alfred, Western Health has commenced implementation of an "It's About Time Project" to help address the challenge of timely emergency care.



**It's About Time focuses on improving emergency access by focusing on the following areas over the next 12 months:**

- ∅ **Emergency Department** – identifying opportunities and implementing initiatives to improve ED flow with a focus on non-admitted patients, improved use of the Emergency Observation Unit and review of waiting room and ambulance prioritisation processes.
- ∅ **Site Access** – improving access management and bed allocation across the organisation
- ∅ **Discharge** – improving discharge processes by considering consumer participation with discharge, criteria-led discharge, increased use of discharge lounges and use of intelligent patient journey boards and huddles to support ward discharge processes.
- ∅ **General Medical and Alternate Models of Care** – improving admission pathways, length of hospital stay and considering alternative models of care such as increasing opportunities for use of the Hospital in the Home program to support early discharge or avoidable ED presentations
- ∅ **Subacute Care** – reviewing ward based processes to ensure wards are effective and efficient in supporting timely admission to and discharge from subacute care settings.
- ∅ **Community and Allied Health** – reviewing key processes of allied health, the immediate response service and community services to ensure efficiencies in supporting whole of hospital access.



## Elective Surgery

In spite of the challenges presented by an increasing number of emergency presentations, our surgical teams have maintained and further developed efficient theatre processes, enabling them to meet elective surgery activity targets.

**Percentage of Western Health patients who received their surgery within the clinically recommended time**

Year	Patients admitted from the waiting list	WH Urgent (surgeries within 30 days)	Peer group average (national)	WH Semi-Urgent (surgeries within 90 days)	Peer Group Average (national)	WH Non-Urgent (surgeries within 365 days)	Peer group average (national)
2014-15	13,812	100%	Not available	89%	Not available	98%	Not available
2013-14	13,156	100%	98%	85%	79%	97%	92%
2012-13	11,435	100%	95%	83%	76%	96%	90%
2011-12	12,033	100%	92%	73%	76%	88%	90%

To further improve the efficiency and quality of our surgical care, our first electronic operating record has been trialed and technology has been installed to enable live streaming of theatre cases from the Williamstown Hospital for training & supervision purposes.

## Improving Access to and Consistency of Surgical Care

Western Health recognises that the number of hip and knee replacements will increase over the next decade. In 2013, Western Health undertook an audit of review appointments following total knee arthroplasties (TKAs) and total hip arthroplasties (THAs). The audit found that only one-third of second review appointments were within the eight-week postoperative period and there were no clear guidelines around timing of review appointments and discharge. It was also found that outcome measures were recorded in review appointments for only 58% of patients and on no occasion was a formal functional outcome measure or quality of life scale used.

To support better access to services and improved, co-ordinated and consistent care, Western Health has established a post-arthroplasty review (PAR) clinic. The Clinic has been successful in:

- ∅ Establishing a ten-year patient review guideline
- ∅ Supporting 83% of patients to meet scheduled review points,
- ∅ Increasing surgeon capacity to see more patients,
- ∅ Achieving greater than 80% staff and consumer satisfaction with the service,
- ∅ Strengthening positive working relationships between Orthopaedics, Outpatient Services and Physiotherapy



## Women's & Children's Services

In a perfectly timed announcement to co-incide with the International Day of the Midwife, the funding of a Women's and Children's Hospital at Sunshine was announced in the State Budget on 5 May 2015.

The Joan Kirner Women's and Children's Hospital will provide 237 beds, 39 special care nursery costs, 4 theatres and additional clinics. A new, purpose built children's ward will be a feature of the new centre.

Preliminary work for the new hospital will be carried out over the next year with the main construction to take place in the following two years.

This facility is critically important to meeting the extraordinary demands of the fastest growing population area in Australia.



## Allied Health Services

The Allied Health Inspiration forum, held in June 2015, showcased our commitment to co-ordinated person-centred care through interviews/presentations with three patients. Evaluation demonstrated that most attendees felt that listening to the stories from the perspective of patients and families increased their understanding of what is important to consumers and highlighted the necessity to provide efficient, effective, co-ordinated care to enhance care outcomes and improve patient experience.

Occupational Therapy has established a consumer engagement working group which aims to drive the implementation of strategies to embed patient feedback into everyday face to face interactions with patients and carers, and ensure that consumer feedback is part of the evaluation of various Quality projects.

A 'Community Services Directory' has been created by Community Based Rehabilitation social work and psychology staff. This directory was developed as a result of a gap identified by these disciplines when clinicians needed information or to refer patients on to an appropriate service. Information was collated across a broad range of service areas into one user-friendly resource to ensure that information is readily available to clinicians and patients as required. Linking patients into services within their local communities is a key role of the health service and enabling that leads to better interface for patients between hospital and community and ultimately, to better patient outcomes.

Allied Health staff have also partnered with a previous patient, Mark, to participate in the annual 'Walk West' event. The walk was the culmination of Mark's long journey through Western Health inpatient and outpatient services, by achieving his goal of walking five kilometres with his son.

## Outpatient Services

# Listening and Acting... responding to patient feedback

### Patient Feedback (from Western Health feedback box):

*"I think you run a very good hospital but waiting time in outpatients is always bad. You need to stagger the time slightly so the waiting lightens up. I know you try the best way you think works but it doesn't work for us - the patients".*

### Western Health's response to this feedback:

*"We have been working really hard to redesign our outpatient systems and have introduced automatic outpatient clinic check in kiosks, and a service desk model to aim to eliminate long queues for registration. We are now really pleased to have more than 20 volunteers trained to help patients use the automatic check-in machines and provide much needed support around the hospitals outpatients to support our patients".*



Western Health volunteer assisting a patient to check in.



# Connecting with the West

Western Health's community linkages are a key part of its identity and an important component of providing co-ordinated care and health promotion.

## Strengthening healthy and engaged communities

Western Health is the auspicing agency for the Better Health Plan for the West (BHPW), a partnership of over 20 agencies delivering services to the West.

The ten year plan aims to shape the way local health services respond to the complex needs of one of Australia's fastest growing and most diverse regions to develop the goal of healthy and engaged communities in the West. Western Health hosted a BHPW forum in July 2014 to showcase a range of initiatives undertaken to support healthy and engaged communities and to identify opportunities for further regional integrated health planning. This forum was attended by over 70 people, representing 30 health care and community organisations.

We have also actively supported a number of BHPW initiatives over the past 12 months. These include 'Building Health Communities in Melbourne's West', a program of partnerships with local Primary Schools designed to identify and implement effective

interventions promoting health and wellbeing. Western Health medical students attended Deer Park North Primary School in Brimbank as part of this initiative and participated in a very successful 'Building Health Communities' health day with over 700 attendees.

Western Health staff have also been engaged in free health screening events over the past 12 months. For example, at the invitation of the Rotary Club of Footscray, four diabetic nurse educators and seven doctors from our Endocrinology and Diabetes Unit volunteered their time for "Emerge in the West 2015", celebrating the culture of the African community in the West. The staff were involved in providing a free blood pressure and blood sugar check for people attending the event.

## Working with partner health services

We have been working collaboratively with partner health services in the West, Djerriwarrh Health Services and Werribee Mercy Hospital over the past year on the *Strengthening Hospitals in Melbourne's West Program*. This program aims to improve operational efficiencies, co-ordination and sustainability of acute hospital services in the West. The program has focused on the regional priority areas of service planning, elective surgery, maternity and paediatric services. Achievements to-date have included development of strong interagency relationships, development of a regional maternity referral form, development of a renal colic pathway, and service flow mapping.





## Partnering to Support Palliative Care



*(left to right) Project officer Kathy Hendry, Mercy Palliative Care Nurse Nicole Pereira, Senior Oncology Pharmacist Li-ling Ng, Director of Palliative Medicine Dr Maria Coperchini and Palliative Care Consultant, Dr Adrian Dabscheck.*

The Symptom Assessment and Referral Team (SMART) Clinic at Footscray Hospital claimed top honours at the 2014 Palliative Care Victoria Quality Initiative Awards.

Palliative Care Consultant, Dr Adrian Dabscheck, together with community provider Mercy Palliative Care, identified a need for palliative care input for patients being seen by oncologists in outpatients and the idea for the SMART Clinic grew from there.

The aim of the clinic is to provide support for issues with pain and symptom management, medication support and education, and also psychological and spiritual support and linking to community palliative care.

If palliative care is implemented earlier, we can greatly improve the quality of life for patients, some of whom may live for some considerable time despite having a malignant diagnosis.

The SMART clinic is the only symptom management clinic in Victoria to have both Pharmacy and Community Palliative Care involvement in an adult outpatient setting.

By working closely with patients to ensure pain and symptoms are well managed, and establishing links between the SMART clinic pharmacists and community pharmacists, it is hoped that more patients can be spared from needing to visit Emergency Departments and enjoy more quality of life in the community.

The SMART Clinic is a joint venture between Western Health and Mercy Palliative Care. Initial funding for the project was provided by Western Central Melbourne Integrated Cancer Services (WCMICS).



## Working with General Practitioners (GPs)

As at the end of June 2015, 22 General Practices are participating in the Medicare Local supported Chronic Kidney Disease (CKD) Program.

This program promotes best practice management of CKD in the community setting and provides GPs with feedback about detection and management. Software programs were developed to integrate with primary care electronic health records, allowing real-time prompting for CKD risk factor identification, testing, diagnosis and management of CKD according to Kidney Health Australia's best practice recommendations. As part of the program, GPs receive support

from Nephrology specialists and a CKD nurse from Western Health. Over 15 months, the program has shown significant improvement in CKD risk factor recognition, complete testing for CKD, entry of a diagnosis of CKD into the electronic health record, and an improvement on CKD patients achieving each of Kidney Health Australia's recommended management targets.

## Supporting Disadvantaged Communities

Over the past year, Western Health participated in an audit to assess our current practices against a set of internationally developed standards on equity in health care for migrants and other vulnerable groups.

Our first targeted area for improvement following this assessment is supporting patients to have access to adequate services and resources following discharge from hospital. We are currently incorporating a question to identify patients from a refugee background in a new health service wide patient assessment form and creating a prompt sheet that encourages patients to recognise they need help with social support and referral to a social worker.

In addition, we have participated in the "Bridging the Gap" partnership program that brings together clinicians and managers, policy makers and researchers to lead sustainable improvements in the quality of maternity and early childhood health care for families of refugee background. As part of this program, Western Health has been working with the local Karen community from Burma, the Murdoch Children's Research Institute, the City of Wyndham and Maternal Child Health to provide community based antenatal education and maternity care.





Right Care

“I receive care  
that makes me  
feel better”



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

Over the past 12 months, Right Care has focused on engaging patients in care, research activity, the environment of care and reviewing care outcomes.

## Engaging Patients in Care

The development of a partnership relationship between the patient and their health professional(s) is paramount in the delivery of quality health care. Western Health is committed to providing care that is respectful of, and responsive to, the preferences, needs and values of our patients and consumers.

### Supporting Choice for End of Life Care

In 2014, work continued at Western Health to support achievement of the goal of changing culture to make Advance Care Planning (ACP) part of everyone's daily care.

To embed ACP in practice, resources have been provided in many forms including documents, instructions, training, internet and intranet and resource folders. More than 95 staff from various disciplines participated in online learning in conjunction with a full-day workshop facilitated by the ACP team. More than 600 staff attended formal training via in-services.

Staff can also be supported by an experienced ACP facilitator in the clinical setting to have conversations with their patients.

ACP has been made more visible across the organisation and in the community through Western Health branded ACP posters, brochures and laminated bed cards. Consumers have access to information via internet, brochures, email and phone. Streamlining of



the Western Health Digital Medical Record (DMR) process has allowed ACP documents to be flagged in the Alert section of DMR to ensure easy identification and access for all staff. From January to July 2015 there has been a 300% increase in documents being recorded in the DMR.

There has been a focus on implementing systems to ensure that patients who can make the decision and who are leaving Western Health to be admitted into a residential aged care facility for their first time will have an ACP.

To maintain a continuum of care for the patient across the health care experience, Western Health has engaged with external health care providers, including aged care facilities, GPs, community groups, other health care networks and the Department of Health & Human Services. The aim is to ensure that patient wishes are maintained and known throughout their journey.

Close ties have also been established with the Palliative Care team, as part of the End of Life Care Working Group, as we work collaboratively to design a procedure and symptom management chart to assist staff to provide improved care their end of life.



(left to right) VHA Chair, Anthony Graham, Victorian Minister for Health & Ageing, The Hon David Davis, Western Health Medical Oncologist, Dr Sally Greenberg and First State Super representative, Michael Keyte.

## Supporting Cancer Patients to Manage the Symptoms of Chemotherapy

A Victorian first clinic aimed at helping Western Health cancer patients manage adverse side-effects and symptoms of chemotherapy won the 2014 Victorian Healthcare Association (VHA) Annual Award.

Western Health (WH) is the second largest cancer care provider out of the Western & Central Melbourne Integrated Cancer Services (WCMICS) hospitals. Patients receiving chemotherapy commonly develop symptoms due to both underlying disease and adverse effects of treatment. Feedback from patients and carers on their lack of confidence in managing these symptoms and associated presentations to the Emergency Department highlighted the need for a formalised pathway for early chemotherapy symptom review and management.

The Symptom Urgent Review Clinic (SURC) opened its doors at Footscray Hospital in August 2013. It acts primarily as a phone triage centre, with patients encouraged to call as soon as they experience any symptoms. If required, patients are able to have urgent pathology and radiology diagnostic tests, surgical

and palliative care reviews and also be admitted directly from the SURC.

In the first nine months, 439 patients were treated and 942 episodes of care were provided at the SURC – an average of more than 100 episodes per month. A review after six months showed:

- ∅ A nine per cent reduction in chemotherapy day unit patients presenting for emergency department care
- ∅ A ten per cent reduction in patients admitted for 24 hours or less
- ∅ 75 per cent of patients being confident that they could now manage chemotherapy symptoms

SURC has resulted in improved patient confidence in managing chemotherapy symptoms, clinician satisfaction with care and a significant reduction in the proportion of chemotherapy patients attending ED. These outstanding findings have resulted in SURC being embedded as a permanent clinic at WH as well as being a platform for further quality improvement activities.

## Supporting Arts and Health

Western Health strives to deliver contemporary clinical care that addresses and engages the whole person. Engagement with arts and health initiatives either as an observer of the artistic efforts of others, or as the initiator of one's own creative efforts, has widely been acknowledged in the literature as conducive to good physical health and mental well being. Over the last two decades, international healthcare institutions have sought to respond to the complexities of contemporary health by introducing a variety of arts and health initiatives into the hospital setting.

Arts and Health Program activities at Western Health are currently focused on staff engagement, allied therapy student training and clinical experience (dance, music and art therapy students), pet therapy, threshold choir and establishing new partnerships and projects with academic and art industry experts. Engaging medical and nursing staff is an important factor for the successful implementation of evidence-based interventions within a hospital

and building affirming relationships with external partners is a part of Western Health's history and its future. These collaborations are fundamental to the long-term artistic and cultural investment in arts and health at Western Health.

The following are examples of two Arts and Health Programs undertaken at Western Health over the past 12 months.

### 60 Days of Art

Footscray Hospital held *60 Days of Art* to celebrate its 60th Anniversary. This creative program gave patients, community members, staff and volunteers the opportunity to participate in a range of free arts activities that highlight the value of art in promoting health and wellbeing.

Creative art making sessions with a qualified art therapist encouraged participants to explore art as relaxation and stimulated creative expression through painting, drawing, collages, Mandela making and listening to music. Participants said the sessions gave them "a reconnection with their deeper sense of humanity", "greater awareness of themselves", "a sense of pride in the hospital", "peace", "joy" and "time to be".

A quantitative research study investigated physiological and psychological changes in the participants. The study involved 59 participants and measured four physiological outcomes (heart rate, systolic blood pressure, diastolic blood pressure, respiratory rate) and one psychologically measure (perception of mood). Results from the study showed statistically significant improvement in heart rate, systolic blood pressure and perception of mood in participants.

*60 Days of Art* provided Western Health with evidence of the creative capacity of the arts.



**For Vikki, the mother of dementia patient Phyllis, the program has been a shining light in what has been a bleak time for her family.**

*“I haven’t seen Mum laugh and smile like that for a long time. It really warms my heart. Mum has always been very creative but I think that has been lost in the dementia. Through the program, Mum has found that sense of creativity again, which has been wonderful to see. Mum has loved the dancing, singing and the painting activities. To see Mum’s face light up and to see her smile and laugh has been priceless”.*

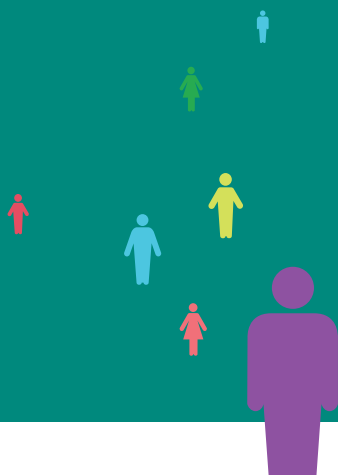
### **Creatively Ageing**

Australia’s population is ageing, which is placing an increased demand on the provision of high quality, person-centred dementia care. The use of art therapy programs fosters dignity and validates patients in their current state, helping to honour their life stories while restoring and preserving their sense of self.

In 2014, Western Health engaged with Footscray Community Arts Centre to trial the Creatively Ageing program within the Dementia Assessment and Management Unit.

Western Health is the first hospital to participate in the program, which consists of three art-based sessions per week: visual arts, singing and dance.

The program has been well received by patients, family, carers and staff. It has been noted that patients are much calmer during and after sessions and the need for nurse-initiated medication to manage behavioural and psychological symptoms of dementia has reduced.





# Research

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

During 2014, Western Health researchers had over 350 published journal articles and delivered over 240 seminar and conference presentations, both in Australia and overseas. Together with our collaborators, we were awarded or held for research grants a total of \$30.3 million. Further details on Western Health's research activity and achievements can be found in our annual Research Report on our internet ([www.westernhealth.org.au](http://www.westernhealth.org.au))



(left to right) Western Health staff involved in the groundbreaking study include, Dr Hans Tu, Prof Tissa Wijeratne, A/Prof Zelko Matkovic, Dr Kanae Jennifer Nagao and Dr John Loy.

## Western Health plays key role in landmark stroke treatment

Western Health's Stroke Unit & Neuroscience Research Unit Director, Professor Tissa Wijeratne and his team have been at the forefront of a landmark study, published in the New England Journal of Medicine in February 2015, which marks a new era in stroke treatment.

Researchers at Western Health and the Royal Melbourne Hospital have proved the effectiveness of a new technique that almost doubles the chances patients will walk out of hospital.

The researchers combined two types of stroke treatment with new technology to improve the outcomes for people with the most severe form of stroke. Under the new approach, doctors used advanced brain imaging to identify which parts of the brain were irreversibly damaged and which parts were salvageable. They then used new stent technology to remove the clot.

When combined with traditional clot-busting medication, the proportion of patients who did not sustain a disability after the stroke went from 40 to 70 per cent.

### Professor Wijeratne's thoughts:

*"Western Health now has the ability and skill to image patients with an acute stroke at both Sunshine and Footscray Hospitals to see whether there is salvageable brain tissue before we treat these patients with cutting edge treatment. We are very active with cutting edge stroke research and this allows our patients to access tomorrow's treatment today."*



## Environment of Care

Western Health strives to provide the right environment for hospital care. This includes embracing new technology and equipment to provide safe, high quality care and providing a suitable environment to support patients to 'feel better'.



*The new Interventional Radiology Suite at Sunshine Hospital.*

### Equipping Our Hospitals

Sunshine Hospital marked the official opening of its new Interventional Radiology Suite in June 2015. This equipment provides Sunshine Hospital with some significant new benefits.

The new CT scanner introduces the ability to see bariatric (larger) patients in a timely manner and provides a lower dosage of radiation. The new 'bi-plane interventional suite' provides the ability to perform angiography examinations (x-rays of blood vessels and organs) on children and eliminate the need to transfer patients to Footscray Hospital.

The Interventional Suite is an important resource for our patients – over the next 12 months, up to 1200 patients could receive treatment with the aid of this equipment – treatment that they have been unable to receive at this hospital until now.

With the Joan Kirner Women's and Children's Hospital being developed at Sunshine Hospital over the next three years, this suite will also be invaluable in assisting women with complications during pregnancy or birth.

The opening of the Interventional Suite marked the final stage in the establishment of intensive care, cardiac and interventional radiology services at Sunshine Hospital.



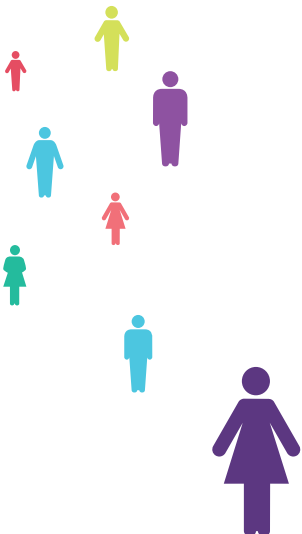
*The Hon Bronwyn Pike, Board Chair, with Dr Susan Alberti, Director, Western Health Foundation.*

## Children's Ward Redevelopment

Sunshine Hospital opened its doors to a redeveloped Children's Ward in December 2014. The upgrades, which commenced in July, include additional facilities for young patients, extra comforts for their families and colourful new art-works to brighten the walls and floors of the 30 year old ward.

The upgraded ward now houses a state of the art negative pressure isolation room so that children with infections can be cared for in the best environment and with their families close by. Other new additions to the ward include a five bed day procedure recovery unit and a high care nursery for young respiratory patients. The new monitored beds remove the need for children with breathing problems to be referred back to emergency.

World-wide, it is well established that patient settings can make a significant difference to a paediatric patient's ability to recover from a traumatic illness, accident or surgery. The best designed children's wards provide interest, colour and a sense of discovery within the surroundings, to help bring some relief for the children. The redevelopment has achieved all of this.



## Improving the Environment for Young Patients

Each year, the Children's Ward at Sunshine cares for more than 7,300 kids – from toddlers to adolescents, providing specialist paediatric care in Ear, Nose and Throat, Orthopaedics, Plastics, Neonatology, Endocrinology as well as general care for adolescents. Over the past two years, the Western Health Foundation has conducted a major public appeal to fund the redevelopment of the ward. The redevelopment focuses on providing a suitable environment for young patients to 'feel better'.

## Supporting Safe Patient Lifting

Western Health is committed to ensuring the work place safety of staff, patients and visitors. Safe lifting and transfer of patients is an important area of focus for the organisation's occupational health and safety program.

All Western Health staff are required to undertake annual manual handling training and follow the organisation's 'Back 4 Life' Program principles and practices. Specialised equipment is also used to support safe patient lifting.

Western Health purchased new equipment in August 2014 to reduce the risk of unsafe patient transfers and manual handling injury to staff. These purchases followed an extensive hazard and risk management process that identified some restrictions with existing equipment used to support the safe lifting and transfer of patients.

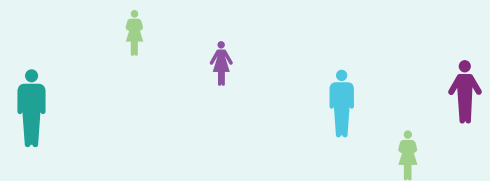
One of the new pieces of equipment, the Jordan Lifting Frame, was used for the first time in the Children's Ward. This Frame provides a solution to the problem of safely managing patients with suspected spinal injuries or when they are required to remain horizontal.

This significant Australian innovation, developed by Adelaide design consultant Don Jordan, won an Australian Design Award from the Australian Design Council and has been subsequently adopted by Ambulance Services in Australia and overseas. Jordan Lifting Frames are used around the world, generally for spinal injury emergencies, in intensive care units and orthopaedic wards.



*The Jordan Lifting Frame in use on patient Jordan Willie.*

Jordan frames that are compatible with Western Health's existing fleet of Jumbuck Hoists are now available at Sunshine, Footscray and Williamstown Hospitals, allowing appropriately trained staff to confidently lift patients with minimal disturbance or risk to their injury or fractures.



# Reviewing Care Outcomes

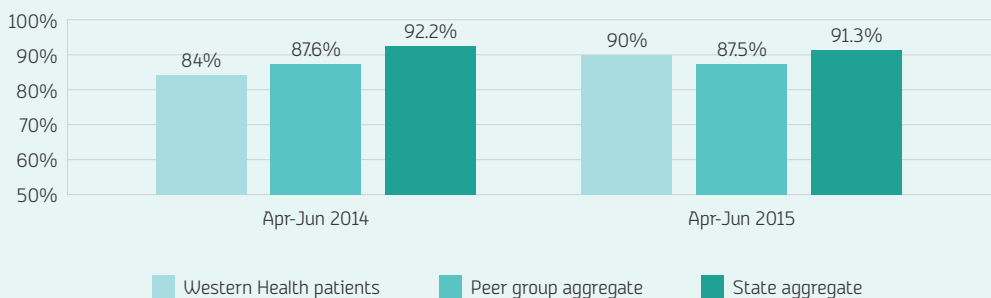
Measuring patients' experiences of care and treatment highlights areas that need to improve to provide a patient-centred healthcare service. Western Health's Best Care Framework places the patient, quality of care and safety at the heart of everything we do. To be able to fully understand this we must see it from the perspective of our patients, their families and the community we serve.

## Patient Feedback on Care

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

Data from the survey is collected and health services provided with scores on a range of measures of patient experience. Western Health uses an overall inpatient care rating from the survey as part of a monthly performance dashboard reported to the Board on the health of the organisation. The graph below shows that patients rating overall care received in Western Health hospitals has improved from 84% to 90% over the past 12 months.

**% of patients rating overall care received in hospital as good or very good**

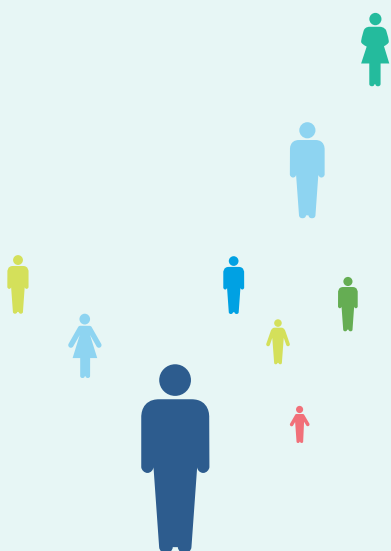


We use the range of patient satisfaction measures provided by the survey to identify specific areas where we can improve our care and services. One focus area for improvement over the past twelve months has been the discharge process for patients returning home following a stay in one of our hospitals. This has traditionally been one of our lower rated areas in the patient satisfaction survey.

Over the past twelve months, we have concentrated on improving the timeliness and quality of our

patient discharge summaries and communicating these to patients and their general practitioners (GPs). Timely communication between Western Health and GPs can reduce clinical risks related to providing inadequate information on a patient's care in hospital and improve continuity of care by ensuring adequate and timely follow up of patients in the community.

Western Health has implemented electronic discharge summaries which capture important information to support GPs to understand the care



provided for patients in hospital and their ongoing care needs. Western Health's e-Health Gateway now sends discharge summaries automatically to GPs. During the initial pilot phase of this initiative, 178 GPs from 22 practices were signed up to receive their notifications from us electronically. We have since opened this up to the other practices in our community and as at June 2015 we have 46 practices and 350 GPs signed up.

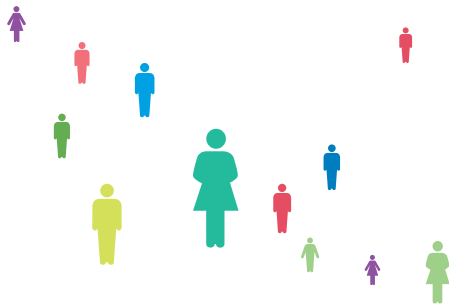
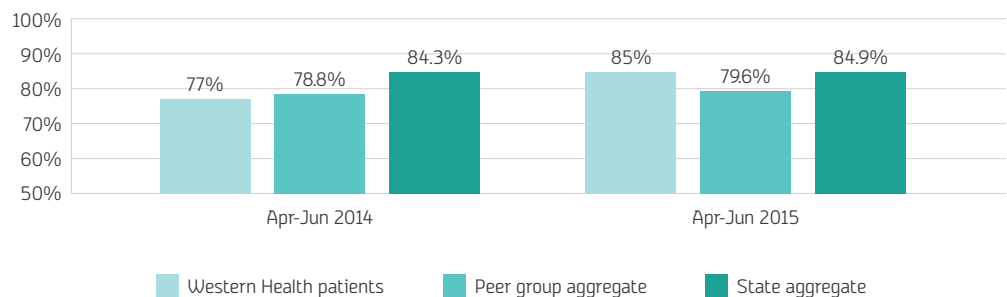
Feedback from GPs about the electronic delivery has been overwhelmingly positive. In addition to discharge summaries, the suite

of information being sent to GPs now includes pharmacy medication summaries, dates patients are admitted and discharged, receipt of GP referrals, and outcomes of triage, waiting list and specialist clinic appointments.

We have also focused on improving communication with patients about discharge planning and care following discharge. This involves providing patients with easy to understand discharge information and documentation about their care needs following discharge and arranging follow-up care.

As demonstrated by the graph below, patient satisfaction on Western Health's discharge process has increased significantly over the past 12 months. To continue to improve in this area, we have made implementation of strategies to support the way we communicate with patients, families and care providers around discharge planning a mandatory focus area for all Western Health business plans for 2015/16.

#### % of patients rating the discharge process as good or very good



**A/Prof Alex Cockram, CEO**

*"We want Western Health to be known as a health service that is really strong on providing high quality, excellent care but in addition, provides care that is well integrated into our community. To achieve this, we need to connect our care with patients, their families and their health providers. We can provide co-ordinated care by working as a team with our patients and community partners such as GPs to provide the best outcomes for people who access our services and are then discharged home or to another care setting. Our aim is to join up that care pathway for patients in a way that partners with them and meets their needs."*



## Clinician Led Review of Care

Reviewing and improving patient outcomes and experiences is driven strongly by our individual clinical areas.

The Western PROMise (**P**atient **R**eported **O**utcome **M**easures **I**mproving **S**urgical **E**xcellence) is an initiative of Western Health's Orthopaedic Department which performs over 1500 elective orthopaedic operations per year. The objective of the Western PROMise is to improve the outcome of orthopaedic surgery from the perspective of the patient by providing patient-centred care.

Healthcare quality programs and research have traditionally monitored patient outcomes on important metrics such as morbidity and mortality through hospital databases and unit-based auditing. However, there is increasing global recognition that true healthcare excellence requires a more comprehensive collection of outcomes from the patient perspective before and after surgery.

PROMs is a quality-measurement and research approach in which patients use validated questionnaires to independently self-report on issues such as overall quality of life, symptoms, and other aspects of well-being.

The implementation of the Western PROMise has been achieved over 4 years over 6 stages. Consumer engagement in planning and implementation was very important



(left to right ) Western Health staff, Sandra Sargent - Outpatient Nurse, Dharsh Musiienko - Orthopaedic HMO and Doreen Mancuso - Administration Assistant Cardiology/Urology Department.

to the success of this initiative. PROM has had a significant impact in monitoring and improving the health outcomes for our orthopaedic patients. It has also transformed the culture of the Orthopaedic Department and the clinical research that is performed.

We can now assess the outcome of surgical procedures from the patient perspective. For example, patient outcome rated scores for knee and hip surgery range from 0 (indication of severe arthritis requiring some form of surgical intervention) to 48 (indication of satisfactory joint function).

From 166 patient questionnaires, the pre-operative mean patient rated score for orthopaedic conditions requiring knee surgery was 14.8. Six months post-operatively this score had improved to 37.4.

From 147 patient questionnaires, the pre-operative mean patient rated score for orthopaedic conditions requiring hip surgery was 11.9. Six months post-operatively, this score had improved to 37.7.

Our initiative has also contributed to our outstanding results on the Australian National Joint Replacement Registry, revealing that our hip and knee revision rate is lower than that of the national average.

The streamlining of PROM collection has also enabled the education of patients to be facilitated with a department educational website. A randomised control trial was conducted and showed positive results. For example, out of a maximum score of 24 for the satisfaction with the online education, the mean score for 103 patients was 21.03.



## Using Benchmarking Data to Review Care

As part of our engagement in the Department of Health and Human Service's sponsored 'Dr Foster Program', Western Health has actively used the 'Quality Investigator' tool over the past twelve months to review patient outcomes and identify areas for clinical practice improvement.

Quality Investigator is developed in partnership with Dr Foster, the leading provider of healthcare variation analysis and clinical benchmarking solutions worldwide. The tool is underpinned by the expert academic insight of the Dr Foster Unit at Imperial College London.

Quality Investigator is a measurement tool that puts our patient and analysis information in an easy-to-use format. Through the tool, Western Health has access to data on quality outcomes against key indicators such as mortality, readmission rates, length of stay and patient safety.

Western Health's Right Care Committee selected Quality Investigator Readmission Data as a focus area for clinical review and improvement over 2014/15.

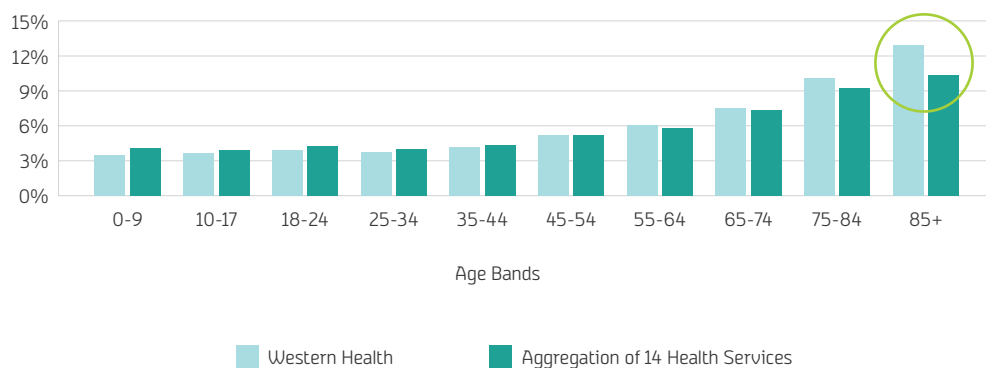
The Dr Foster Readmission Scorecard report for 2013-14 showed Western Health as having an overall patient readmission rate of 6%. This placed us in the middle of the pack compared to the 14 health services included in the report and very similar to the aggregate rate of all the health services combined.

Reviewing this readmission data in greater detail, we identified that Western Health's re-admission rate for the 85+ patient age group is statistically higher than the rate for the 14 combined health services. This is shown in the graph below. A large number of readmissions in the age group are associated with the diagnosis of heart failure. This was therefore selected as a focus area for the review of Dr Foster Readmission Data.

In 2014, Western Health successfully introduced the Cardio-Geriatric Heart Failure Service for newly diagnosed heart failure patients over the age of 65. This service has realised

improvements in the mortality and length of stay of heart failure patients and is now focused upon having an impact upon hospital readmission rate. This focus includes our Cardiology and Community Services working together and with our community partners to plan and implement co-ordinated, integrated care for heart failure patients from the point of first presentation to Western Health through to discharge and ongoing care in the community. Planning for integrated Cardio-Geriatric Heart Failure care has been undertaken, with the impact of implementation to be monitored through the Dr Foster Readmission Scorecard.

### Crude 30-day readmission rate by age bands (all cause) compared to the 14 Health Service peer group aggregation (2013-14)







Safe Care

“I feel safe”



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

## Medication Safety

Medicines are the most common treatment used in health care. Because they are so commonly used, medicines are associated with a higher incidence of errors than other healthcare interventions.

Western Health is committed to ensuring the highest standards of medication safety for all patients.

The Medication Safety Committee is a multidisciplinary quality improvement committee. Its role is to ensure medication safety throughout Western Health. The Committee monitors and evaluates medication-related issues and develops strategies and processes to promote safe medication practice across the organisation. To improve the report and evaluation of medication related issues and improvement strategies, a new Medication Governance committee structure was agreed and implemented in March 2015. This includes the introduction of an organisation-wide Medication Safety Improvement Group.

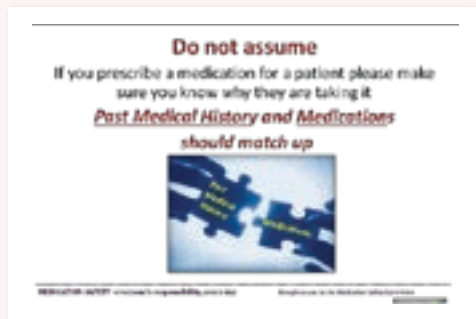
The profile of medication safety has increased, not only because of the requirements of National Safety and Quality in Healthcare Standards - Standard 4 Medication Safety, but also because it is Western Health's goal to provide the best care possible for all patients. To support the review of our systems and practices against the National Standard, Western Health conducted a medication management system self-assessment, utilising the Clinical Excellence Commission's Medication Safety Self-Assessment (MSSA) tool in October 2014. This self-assessment matched our current processes against best practice for Australian hospitals.

The results of this self-assessment were utilised to inform an organisation-wide proactive medication management improvement plan. Projects undertaken against this plan during the past 12 months to improve patient safety and reduce the risk of medication related errors include:

- ∅ Introduction of Medication Management Walkarounds, designed to ensure best practices are in place to enhance patient safety and to also measure compliance with legal and professional obligation. Results of the walkarounds will be used to inform the medication safety committee and wards on areas for improvement.



∅ Enhancement of medication safety education/communications. Every week a medication safety topic is prepared for nursing, medical and pharmacy staff by a consultant doctor. An example of a medication safety topic is shown below. This is sent as a PowerPoint slide and circulated widely.



∅ Introduction of a Medication Management Plan form, designed so there is one place to document patient's medications prior to admission and any changes during the admission. It will also aid communication between pharmacy, medical and nursing staff. The process actively involves patient, carers and/or families. To check what the patient is actually taking at the

time of admission whenever possible the patient is interviewed to obtain:

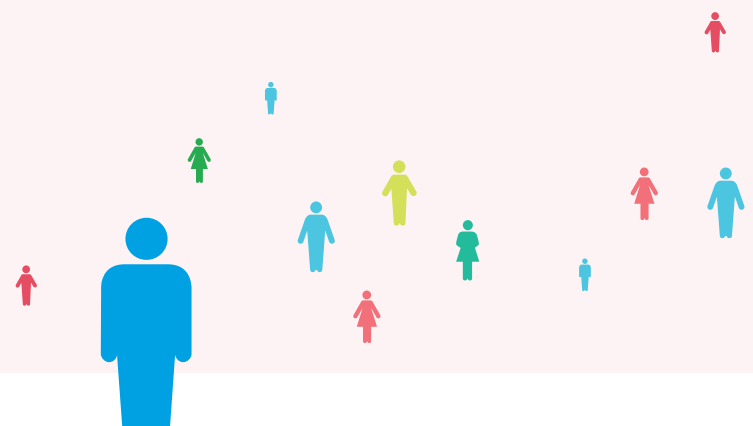
- Details of previous adverse drug events and allergies
- A list of all medicines the patient is taking at the time of presentation to hospital including:
  - Prescribed medicines
  - Non-prescribed, over the counter medicines
  - Complementary/herbal medicines
- Recently ceased or changed medications

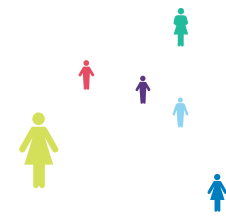
∅ Introduction of patient medication safety information, including patient wallet cards to support patients keeping an up to date list of medications after discharge.



∅ Redesigning the information regarding medication incidents so the same information is reported throughout all levels of the organisation and it is presented in the same format. This enables clearer identification of areas for improvement.

Review and enhancement of medication safety audit tools to assess our compliance against, with implementation supported through the refreshed Western Health audit program and the introduction of electronic devices Audit Angels to enter audit data directly into the reporting system.





# Managing Deteriorating Patients

Ensuring that patients who deteriorate receive appropriate and timely care is a key safety and quality challenge. All patients should receive comprehensive care regardless of their location in the hospital or the time of day. Even though a range of systems have been introduced to better manage clinical deterioration, this area remains a high priority due to the importance of timely identification and management of the deteriorating patient.

## Rapid Response

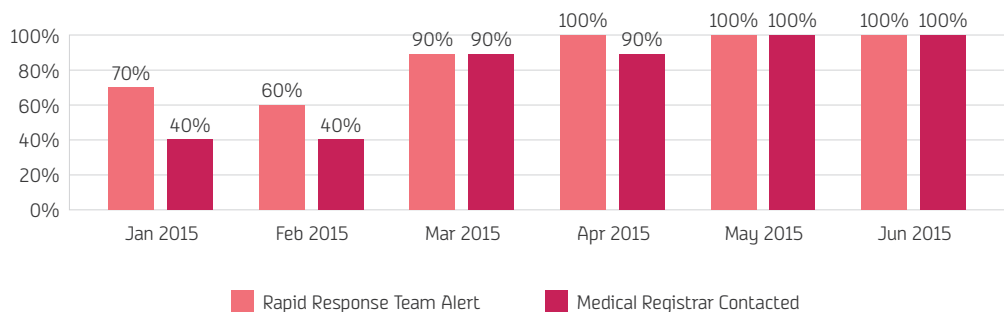
Western Health has an extensive training program to support staff to recognise deterioration and escalate concerns and has made a number of improvements to the Rapid Response Service over the last 12 months.

The Rapid Response Team is led by the Intensive Care Unit (ICU) liaison service who is a team of very experienced intensive care trained nurses. One of the areas that they saw as an opportunity to improve was to be more proactive in identifying patients that were at risk of deterioration. Their approach to this was to introduce regular rounding at each main acute site, at least twice a day, and including the emergency department.

The team have worked on improving communication with medical staff too. Historically the senior medical staff were often only contacted by the service if there were major issues. To be more proactive they introduced a color alert sticker in the medical

records to clearly identify when the ICU Liaison service had been referred to a patient. The color alert sticker included information on the date and time of the rapid response referral, who attended the patient, reason for call, outcome of call and unit registrar notified with their pager number. The introduction of compulsory contacting the unit registrar following each rapid response referrals has improved communication around these serious events and the regular rounding has promoted earlier detection and earlier intervention for potentially at risk patients that are becoming acutely unwell and may have required further treatment or resulted in a poor outcome. The initial results have demonstrated increased compliance in the use of the new process as well as an improvement in the level of contact with the registrar after a rapid response referral.

Communication between ICU Liaison Nurse and medical staff





## STRIPE

An area of development in workforce training that we were keen to focus on was how we support junior staff and new / emerging clinicians entering the workforce to be adequately equipped to work in a team collaboratively and to manage patients that become acutely unwell. This led to development of a simulation program called “STRIPE” (Simulation Training for InterProfessional Education).

Taking a patient centred approach an interprofessional program was developed. Using actors to play the role of patients and mannequins to assist in the development of technical skills the training program has been a huge success.

Since its inception STRIPE (Simulation Training for InterProfessional Education), has supported over 300 students from disciplines such as medicine, physiotherapy, social work, nursing and occupational therapy and over 230 new graduates from nursing and physiotherapy. Feedback indicates that the students felt more confident and ready to transition into the qualified workforce and gained an improved experience whilst on clinical placement. The early graduates felt that they had a better understanding of the team, roles and responsibilities and a greater confidence to escalate concerns.

## Surgical Orientation

This program has led to further spin off programs such as the Surgical Orientation Simulation Training Day, where the new interns and registrars entering into the surgical stream are brought together to experience a range of scenarios and practical skills sessions to support their readiness to work safely and confidently in their new rotation.

The dedicated orientation program supports junior surgical staff by providing a specific program emphasising optimal management of deteriorating surgical patients and improved communication skills. The program goes beyond traditional health service based didactic orientation for surgical staff by also providing scenario based training within WH’s Simulation training facilities.

Senior surgical staff commitment to support safe, quality surgical care is reflected in the time they release to deliver the program. For those members of faculty who are Visiting Medical Officer this is pro bono. It is considered that the resources invested in the program have returned a valuable outcome and safer patient care.

Through this program the standard of care and communication expected when patients deteriorate and the early involvement of consultant staff has been highlighted. It is considered that the orientation program has been a significant factor in reducing surgical adverse events.

**The following feedback was received from one of the surgical orientation participants:**

*“Thank you for running this session focused on communication and teamwork. I thought it was a phenomenal introduction to the surgical units and I have raved about it to many of my friends at other hospitals. It was great how we mixed with doctors at all different levels of training and as a junior member of the team, set a great level to model my behaviour to.”*



## Obstetric Training

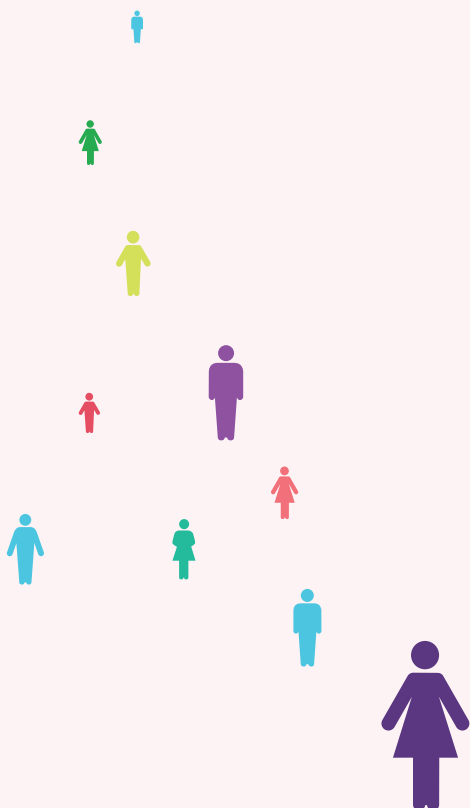
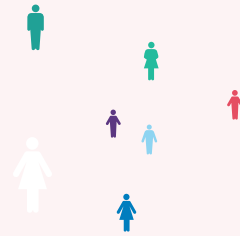
In 2013, Western Health was successful in being awarded funding from the Victoria Managed Insurance Authority (VMIA) to facilitate the PROMPT (Practical Obstetric Multidisciplinary Training) program at Sunshine.

In the two years since the inception of PROMPT at Sunshine, 311 medical, midwifery and nursing staff have attended the program. Staff evaluation after completing the program demonstrates:

- ∅ 70% of participants strongly agree the simulated scenarios reinforce the importance of a team approach in managing obstetric emergencies;
- ∅ 69% participants strongly agreed the simulated scenarios helped in their ability to manage obstetric emergencies; and
- ∅ 56% participants strongly agreed the simulated scenarios helped in their ability to identify individual roles in an obstetric emergency.

Since the implementation of the PROMPT program at Sunshine, areas of clinical risk have been identified by clinicians during the simulated scenarios. This has resulted in:

- ∅ The procurement of new equipment: Peri-mortem caesarean kit for the Birthing Unit and Pregnancy Care Centre and a post-partum haemorrhage trolley in Maternity. The Peri-mortem caesarean kit was used in an actual maternal arrest. The staff involved in this case stated the PROMPT program was fundamental in the staff recognising the emergency, calling for help early and performing the caesarean within the timeframe to enable successful resuscitation of the mother and baby.
- ∅ Intra-lipid is now kept in Birthing rather than just Theatre. Intra-lipid is a first line drug required in the management of local anaesthetic toxicity which can occur following an epidural insertion.
- ∅ Reviewed obstetric emergency policies in-line with PROMPT guidelines.



## Clinical Handover

Clinical handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient to another person or professional group.

It involves the transfer of patient information between individuals or groups and is an important part of clinical care. Breakdown in the transfer of information or in 'communication' has been identified as one of the most important contributing factors in serious adverse events and is a major preventable cause of patient harm.

Effective and structured handover is vital to patient safety and at Western Health we have decided to use a simple communication tool to assist staff to structure every handover in every clinical setting. The tool chosen was originally developed in the military and has been adapted for healthcare. It is known as ISBAR.



### Sketching ISBAR: A contemporary Approach to Teaching Communication in Health Care

One of the projects we have worked on in the last 12 months was to make ISBAR more accessible to staff.

Western Health adopted the ISBAR communication tool for clinical handover and the management of the deteriorating patient, however it was found to be not always practiced effectively in the clinical setting. Communication and ISBAR are important topics that are not always easy to teach in a conventional way. Using animation and the power of persuasion to reinforce the importance of good communication has proven to be an engaging and innovative way to get learners' attention on this topic.



# Patient Identification and Procedure Matching

Patient identification and matching of a patient to an intended treatment is an activity that is performed routinely in all care settings. Risks to patient safety occur when there is a mismatch between a given patient and components of their care, whether these components are diagnostic, therapeutic or supportive.



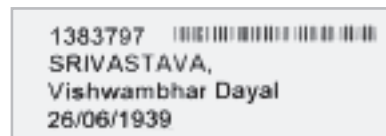
It is now common practice that all patients have their three points of identification checked by staff at multiple points across their stay/ time within our hospitals. This ensures that we constantly assure ourselves that we are not at risk of providing the wrong treatment or procedure to the wrong patient.

To improve legibility and to ensure organisational compliance with National Standard 5- Patient Identification and Procedure Matching, Western Health made some minor modifications to the layout of the current patient labels.

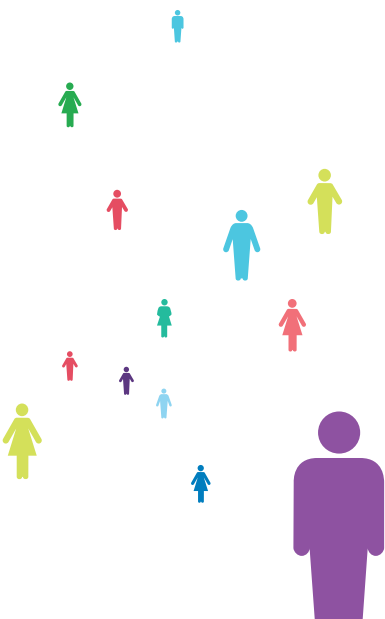
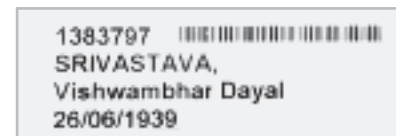
The Standard states that a patient identification band must include only 3 unique identifiers. These being: Name, Date of Birth and Hospital unique identifier number. Changes were made to the software templates and printing process to print the top 3 labels for use on identification bands. The print size has been increased to make it easier to read. All bands are now white in colour with black text on a white background. In the event a patient has identified that they have an Allergy/medical alert then the white ID band is removed and replaced with a RED ID band.

Below is an example of the changes to the Patient Identification label (note this is not a real name).

Patient ID band



Patient medical alert/allergy band



# Preventing and Controlling Healthcare Associated Infection

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

Procedures and strategies to help reduce the risk of hospital acquired and or healthcare-associated 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
- ∅ communication with patients, healthcare workers and visitors on all facets of infection prevention and provision of information and health education
- ∅ monitoring health alerts and advisories issued by local and international health authorities, such as emerging highly resistant organisms
- ∅ Engagement in the Victorian Infection Control Nosocomial Infection Surveillance (VICNISS) program, which enables WH infections rates to be compared with those of other Victorian Health Services.

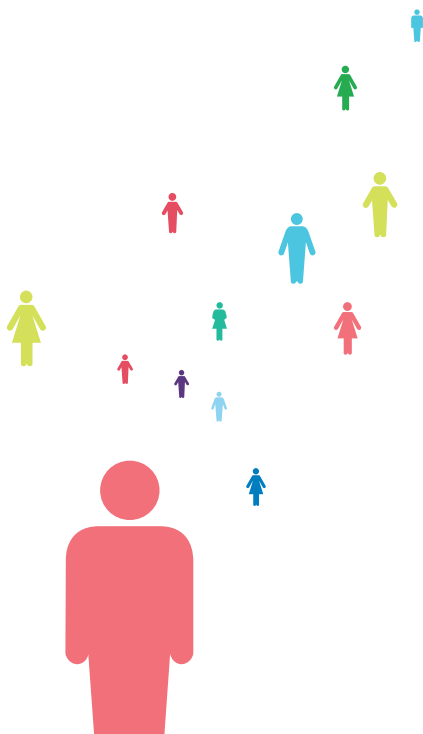
## Antimicrobial Stewardship

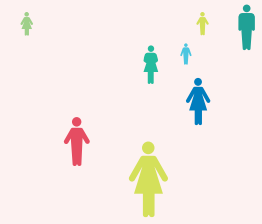
Antimicrobial Stewardship (AMS) is defined as 'an ongoing effort by a health-care institution to optimise antimicrobial use among hospital patients in order to improve patient outcomes, ensure cost-effective therapy and reduce adverse sequelae of antimicrobial use (including antimicrobial resistance)'.

Western Health considers AMS important, not only from a cost and length of stay perspective, but because it has clearly demonstrated impact on patient outcomes and infection control activities, as well as a more global role in reducing expansion of antimicrobial resistance.

Western Health has strong history of antimicrobial stewardship (AMS). Primarily by means of a pre-prescription restriction system led by the Infectious Diseases Physicians who are available for consultation twenty four hours, seven days a week.

Western Health participates in several externally benchmarked quality and audit activities, including the National antimicrobial prescribing survey (NAPS) and the National Antimicrobial utilisation Surveillance Program (NAUSP). Through these, monitoring of antibiotic use and prescribing is compared with other hospitals and areas where we can improve have been identified and addressed. Western Health consistently achieves results with these audits which are comparable with other health services.

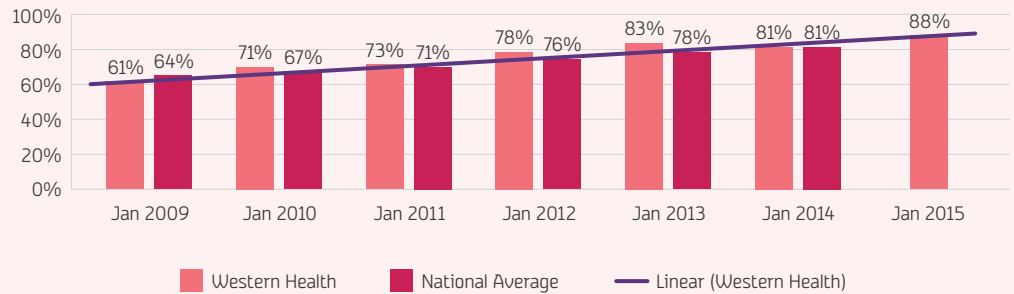




## Hand Hygiene

Hand hygiene is a high priority infection initiative because it is the single most effective preventative intervention. Western Health strives to improve hand hygiene compliance through performance reporting across all clinical areas. A 90% target compliance rate of hand hygiene compliance has been set. As demonstrated by the following graph, hand hygiene compliance has generally been increasing across Western Health (Sunshine, Western, Sunbury and Williamstown hospitals) since 2009.

**Hand hygiene compliance at Western Health**



Over the past 12 months, improvement in Western Health’s hand hygiene compliance rate have been supported by:

- ∅ Audits of availability of hand hygiene products for staff and visitors
- ∅ Consistent auditing and feedback to health carers on areas for improvement.
- ∅ Continual education on the importance of hand hygiene as the simple most important procedure to reduce the risk of hospital acquired infections.

## Staphylococcus aureus Bloodstream Infections

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

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

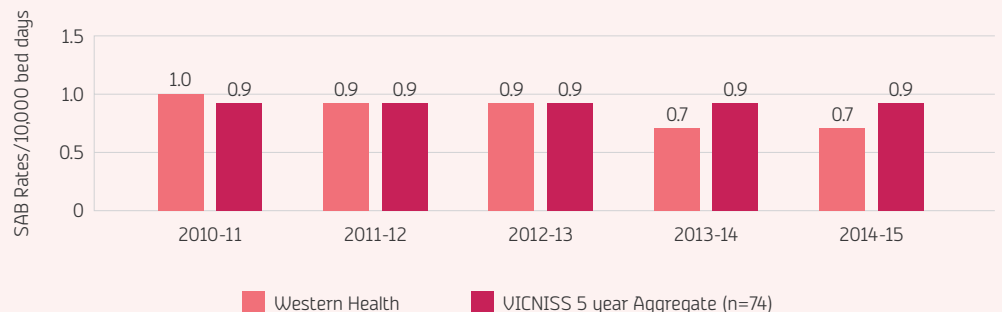
As demonstrated by the following graph, Western Health SAB rates

have remained at or below the state aggregate for four consecutive years.

Over the last 12 months, Western Health’s continued low SAB rate has been supported by:

- ∅ Continued education on aseptic (germ free) insertion techniques
- ∅ Early removal of invasive catheters that are no longer required for the delivery of treatment and fluid
- ∅ Auditing and feedback to ensure that IV cannulas are resited or removed within a maximum of 72 hours.

**Western Health SAB rates**



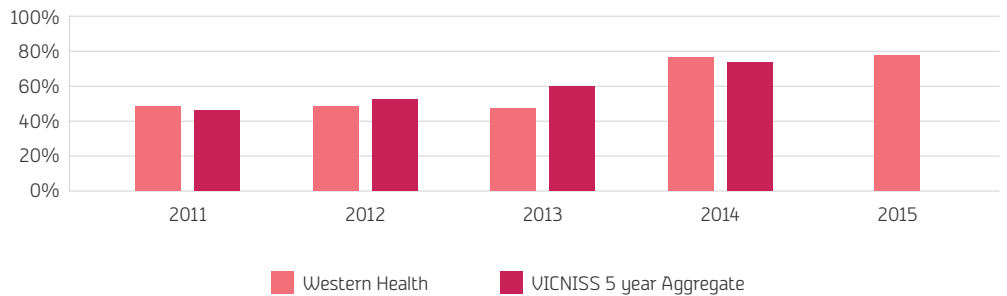
## Influenza Prevention Program

Healthcare workers may be exposed to, and transmit, vaccine-preventable diseases such as influenza. Maintaining immunity in the healthcare worker population helps prevent transmission of influenza diseases to and from healthcare workers and patients. A 75% immunisation uptake target was set for Western Health staff. As indicated by the graph below, this target has been reached over two consecutive years.

Western Health’s significant improvement in the rate of staff vaccinated for influenza has been supported by:

- ∅ offering free vaccination
- ∅ extensive educational and promotional campaigns
- ∅ roving vaccinators across all hospital departments to minimize healthcare personnel inconvenience amongst others.

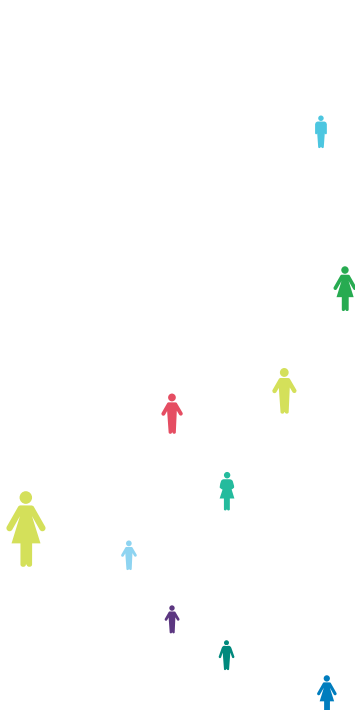
**Influenza immunisation uptake by Western Health**



## Transmission Based Precautions

The infection prevention team do daily ward rounds to visit all patients who have been identified as requiring transmission based precautions. These precautions are put in place to reduce the likelihood of spreading of infection to other patients, visitors and staff. The infection prevention team check if the

correct precautions have been put in place, including the use of the correct personal protective equipment (PPE) and appropriate signage, which are clearly displayed outside of patient rooms. Transmission based precautions are audited by senior Nursing and Allied Health staff.



## Patient Experience

The infection prevention team visit newly diagnosed patients, discuss their infection prevention care plan and educate them about their particular infection. The Infection Prevention team also conduct follow up interviews with patients. They invite the patient to: *“Tell me about your experience as a patient dealing with contact precautions.”*

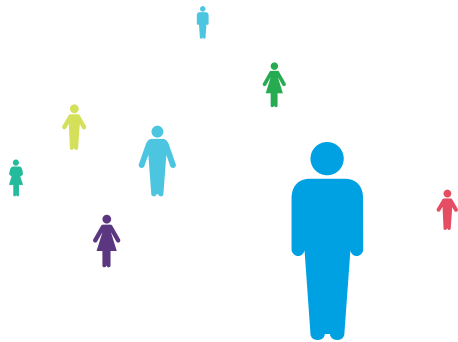


### **This experience relates to a patient on Contact Precautions because of a Clostridium difficile infection:**

*The elderly patient’s daughter was fully aware of the reason for the precautions although it worried her a little when they were in place for so long. This was because the patient had a recurrence of symptoms and required a prolonged course of treatment. She realised though, that it was necessary to protect other patients on the ward. She said that staff were very good with using gowns and gloves. The nurses had explained to her about the importance of performing hand hygiene after visiting her mum. Overall the experience of her mum being on precautions was understood as something necessary and not too difficult.*



## Safe and Appropriate use of Blood and Blood Products



A large number of Australians rely on blood and blood products to support them through medical or surgical episodes, following a traumatic accident or, for patients with cancer or chronic illness, through regular transfusions to maintain health.

All patients who receive a blood transfusion expect that the decision to transfuse is appropriate. However, Australian research has shown that there is considerable variation in prescribing practices and that some transfusions may be unnecessary or could have been avoided.

The Western Health Transfusion Committee has implemented a comprehensive clinical audit program that seeks to improve patient care and appropriate use of blood and blood products. The program involves the systematic review of transfusion episodes to assess alignment of our practice with National Clinical Practice Guidelines.

In 2011, a review of the National Guidelines resulted in a shift from a 'blood product-centred' approach to a 'patient-centred' approach. Patient blood management aims to improve patient outcomes through medical and surgical management that boosts and conserves the patient's own blood. As a consequence of better management, patients usually require fewer transfusions of donated blood

and blood products, thus avoiding transfusion-associated complications (National Blood Authority 2011).

The Transfusion Committee also undertook a review of Western Health procedures and clinical educational programs to ensure they were aligned with the Patient Blood Management Guidelines. As a result, various practices that can be initiated before, during and after surgery to minimise the need for transfusion of donated blood were incorporated into practice.

Western Health is committed to ensuring that patients are involved in any decision to transfuse, and has an informed consent requirement for all blood and blood products. We continue to provide our patients, especially those having elective surgery, with accurate information about blood and blood product transfusion and access to written information in a range of languages. The Blood Transfusion: Information for Patients section on the Western Health website can be accessed by all members of the public.



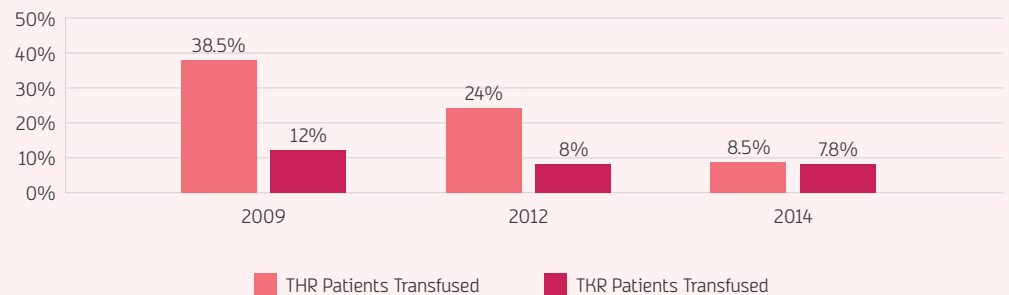
# Blood Transfusion for Hip and Knee Surgery

As total hip (THR) and total knee-replacement (TKR) surgery can involve considerable blood loss and require blood transfusion, audits of elective major joint replacement episodes have been included in our clinical audit program since 2009. These audits demonstrate a considerable decline in the number of elective major joint replacement, especially THR patients, having blood transfusions and a steady increase in the number of these transfusion episodes that are clinically appropriate in accordance with the Patient Blood Management Guidelines. The Transfusion Committee is planning to extend the audit program to all types of surgery where significant blood loss is expected with the aim of identifying opportunities for practice improvement in other areas.

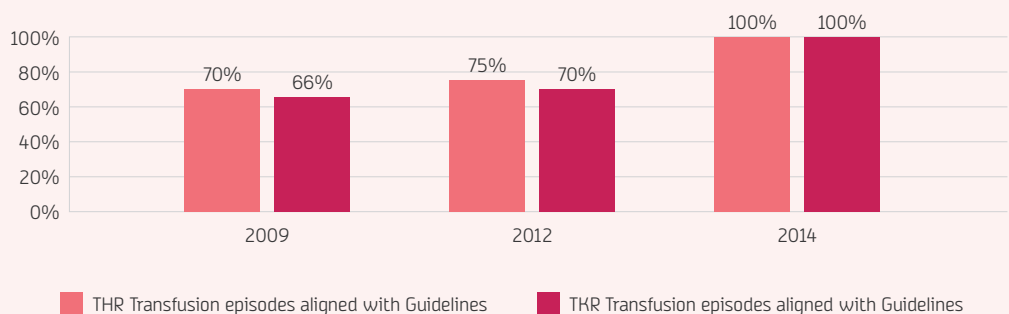
The audit also identified that a significant number of patients who had a THR or TKR had haemoglobin levels that were below normal levels (anaemia) prior to their surgery. As preoperative anaemia has been found to increase the likelihood of a blood transfusion, a screening program to identify and treat anaemia in patients having THR or TKR before their surgery has commenced this year. This initiative from Western Health's Anaesthetics Department in collaboration with our orthopaedic surgeons will help ensure that a patient's own blood volume is optimised, which will improve their pre-surgery condition and help reduce the likelihood of the need for transfusion.



**Audited elective THR & TKR episodes 2009 - 2014 (n=380)**



**Audited elective THR & TKR transfusion episodes 2009 - 2014**



# People Matter

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

1,500 staff completed the survey in 2014, with 75% of our results for the survey items rated above the sector average.

Within the People Matter survey are a set of questions specifically focused on patient safety. Staff responses against these indicators help us to check whether systems and culture for Safe Care are strong and where there may be opportunities for improvement.

Western Health rated equal to or higher than the average results for other health services for each of the Patient Safety questions, with positive staff responses in the areas of staff training, a culture of learning from errors and staff supervision ranked in the number 1 quartile. This means that Western Health's results against these questions put us into the top 25% of like organisations undertaking the statewide Survey.

With the implementation of the Best Care Framework, the Education Team at Western Health has aligned its programs to the Best Care domains and regularly reports on activity through the Best Care Committees. There were over 22,000 staff enrolments in training programs in 2014-15 and one quarter of these were related to training that supports Safe Care and the National Standards that align in this area.



**Paul Buso, Nurse Unit Manager - Williamstown Theatres**

*“Western Health takes a very serious approach to looking after patients and that would be one of their strengths, no question about it”.*

*“Everything is about what we are going to do for the patient. I don't drive an hour up the road from Geelong to work in a place I don't like. I can work at about four hospitals between where I work and home and I choose Western Health. I come to work and I smile and I like my day and I talk to patients and we get good outcomes. We have an organisation that will listen to the staff and that is about getting feedback. We have a survey that goes out and they actually listen to what people are writing on them. The results a few years ago - the audits were not great. Now they are looking fantastic”.*





### People Matter Survey 2014 – Patient Safety

Statement	WH Staff % agreeing with statement		Results for comparator organisations (average)	Quartile Ranking for WH
	2013	2014		
Patient care errors are handled appropriately in my work area	93	94	94	3
The health service does a good job of training new and existing staff	84	85	79	1
I am encouraged by my colleagues to report any patient safety concerns I may have	95	96	95	2
The culture in my work area makes it easy to learn from the errors of others	86	89	85	1
Trainees in my discipline are adequately supervised	86	88	82	1
My suggestions about patient safety would be acted upon if I expressed them to my manager	89	92	90	2
Management is driving us to be a safety-centred organisation	91	91	88	2
I would recommend a friend or relative to be treated as a patient here	88	86	86	3

The People Matter Survey also has a set of questions focusing on engagement with and attachment of staff to their organisation. The results below reflect the strong sense of identity and pride among Western Health staff – pride in their health service and a strong connection to local communities that drives them to continually improve safe, quality care and services.

### People Matter Survey 2014 – Engagement

Statement	WH Staff % agreeing with statement		Results for comparator organisations (average)	Quartile Ranking for WH
	2013	2014		
I would recommend my organisation as a good place to work	72	72	69	1
I am proud to tell others I work for my organisation	72	72	70	2
I feel a strong personal attachment to my organisation	69	69	65	1
My organisation motivates me to help achieve its objectives	66	67	63	1
My organisation inspires me to do the best in my job	67	68	65	1



## Excellence in staff education and training

*(left to right) Annette De Jager, Louise McKinlay and Anna Henderson, Executive Director of Business Skills Viability at the 2015 Victorian Training Awards on Friday 28 August at Crown.*

Western Health is developing its reputation at a Centre for Excellence in staff training. In June 2015, we were honoured to be shortlisted as Employer of the Year in the Victorian Training Awards, alongside some unlikely colleagues – McDonalds and AirServices Australia. This is the first time that a health service has been shortlisted for this award in Victoria.

Our nomination was based on our growing reputation for excellence in training and staff development, supported by our own Registered Training Organisation (RTO). Western Health is one of just two health services in Victoria that is an RTO and has previously been recognised

for sustained collaboration with local training providers and universities and as a leader in workforce training at state and national levels.

The Western Health RTO has supported close to 40% of Western Health's 6,500 staff in attaining a formal qualification in the past four years.

Education is a big part of what we do at Western Health as it is one of the key supports to providing safe, high quality care and responding to increasing demand and service pressures. It is also an important factor in attracting high calibre clinicians and contributes to high staff retention.

# We Value Your Opinion

We invite you to comment on the Quality of Care report so that we can continue to meet your needs.

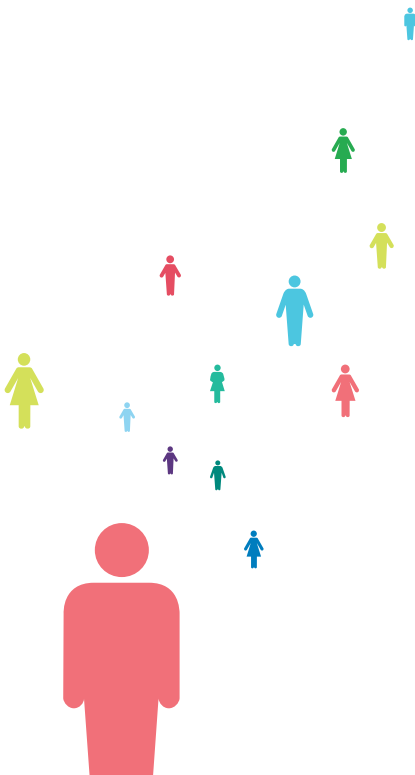
If you would like to discuss this report further, please contact our Director Quality, Safety & the Patient Experience on (03) 8345 6666.

Please give the completed survey to a staff member or mail to:

Director Quality, Safety & the Patient Experience  
Western Health  
Locked Bag 2  
Footscray VIC 3011



Western Health



Please take time to complete and return with your feedback

1. Was this report easy to understand?  No  Yes
2. Please rate the presentation of this report by ticking one of the following:  
 Excellent  Very Good  Good  Poor  Very poor
3. Was the report able to answer questions you had about Western Health and its services? Please tick the most appropriate response for you.  
 Strongly agree  Mostly agree  Not sure  
 Disagree  Strongly disagree
4. What would you like to see next year to improve this report? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you want more information on any topic in this report?  
 No  Yes If yes, what topic? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please send me information on how I can continue to provide feedback on Best Care at Western Health.  
Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

Thank you for your time. Please give the completed survey to a staff member or mail to the Director Quality, Safety & the Patient Experience, Locked Bag 2, Footscray VIC 3011.

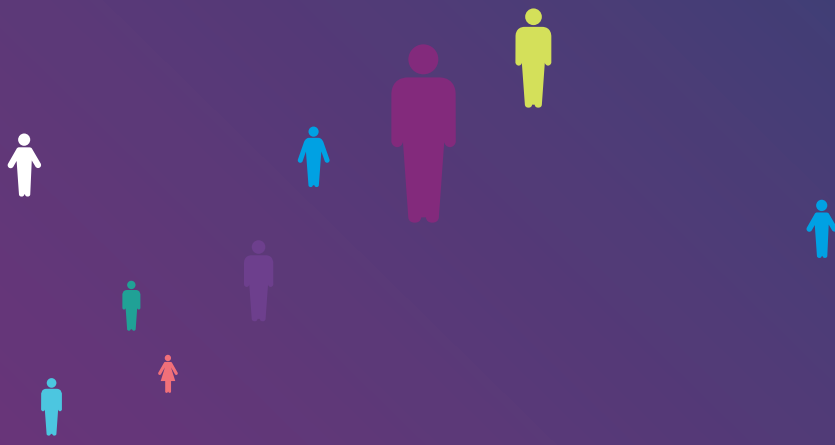








Western Health



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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](http://www.westernhealth.org.au)