

2015/16

QUALITY Account



Communication and action

10

Person Centred Care

26

Co-ordinated Care

36

Right Care

46

Safe Care



Western Health

Our Vision

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

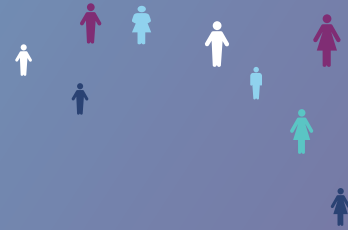
Our Purpose

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

ACKNOWLEDGEMENT OF TRADITIONAL OWNERS:

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





655

patients are cared
for overnight

560

patients see
a doctor in an
outpatient clinic

333

patients are
discharged

91

volunteers support
staff and patients
and 6 students
from community
engagement
partnerships

150

patients require
interpreter services

15

babies are welcomed
into the world



WHAT WE DO ON A TYPICAL DAY

64

surgical operations
take place

369

patients attend
one of our three
emergency
departments

400

community providers
partner with us to
provide care

2306

meals are served

43

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

393

patients are seen
by our Community
and Allied Health
Services

CONTENTS

On a Typical Day at Western Health	01
Foreword	03
About Western Health	04
Best Care at Western Health	05
Accreditation	09
Person Centred Care	10
Co-ordinated Care	26
Right Care	36
Safe Care	46



Foreword

This account on the quality of our care is an important document for us at Western Health. We continue to be reminded of just how essential it is in a health service to have robust clinical review systems in place to address risk, combined with strong leadership, consumer engagement and Board oversight.

Western Health holds a very significant responsibility to respond to the deep need within our communities for a health service that is as efficient, safe and innovative as it can be.

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

Quality, safety and improving the patient experience – providing 'Best Care' – are essential elements of good clinical practice and good management, and are a shared responsibility at Western Health.

Best Care underpins and guides our new strategic plan. Our strategic aims focus on improving the quality of care provided to our patients, better connecting care as patients move in and out of our service, improving how we listen and engage with patients, our partners and with each other and having a broader level of responsibility to influence the health outcomes and sustainability of our community. These priorities will be realised through supporting our people to do the best they can.

Over the past 12 months we have continued to build on the work conceived through our quality framework. We have continuously sought out opportunities to improve the safety and quality of our services so that we provide a consistent positive patient experience.

At a State level the review of clinical governance highlights the ongoing need for an open and transparent culture. This approach reflects the Western Health ethos, where the profile of our quality agenda is raised when concerns are presented and

a group of experienced clinicians examine adverse outcomes in a safe and supportive environment. Reviews of this nature provide a clear opportunity to learn from any errors and to work on ways of continuously improving the quality and safety of the care we provide to our patients.

We are proud to have received formal notification in early May of our ongoing accreditation for a further four years from the Australian Council on Healthcare Standards following the EQUIP National Organisation Wide Survey completed in March 2016.

Our Quality of Care Report is one means of reporting against the intended outcomes under the four dimensions of Best Care: Person-Centred Care; Co-ordinated Care; Right Care; and Safe Care. It is also an important source of reporting on matters of clinical significance to our patients and their families, as well as our staff and those who are considering joining our health service. This report is a companion document to our Annual Report and is available on our website at www.westernhealth.org.au.

At Western Health, we continuously strive to improve how we provide Best Care and your feedback is valuable to this process. You can 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.



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.

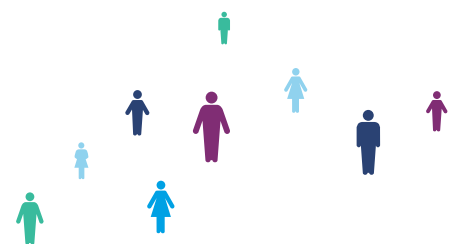
OUR COMMUNITY:

- 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
- Is home to 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 AND THE PATIENT EXPERIENCE

Best Care is our framework for quality, safety and improved patient experience. Developed following consultation with patients and their families, staff and the Board, it has become part of the everyday language of Western Health and every staff member and volunteer contributes to Best Care every day.

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”

Western Health’s Best Care Steering Committee is the overarching governance 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.

The Quality, Safety and the Patient Experience division at Western Health, is headed up by Ms Louise McKinlay and reports to the Executive Director of Medical Services, Dr John Gallichio.



ICU Nurse Unit Manager Nicole Keogh with Western Health patient Dwayne Pitts.

'A WORD FROM ALEX' ON BEST CARE

Chief Executive Newsletter

One of our patients, Dwayne, asked me to share with staff the wonderful care he received through his recent stay in Sunshine Hospital ICU.

In October 2015, Dwayne was admitted with Guillain-Barre Syndrome, a progressive neurological disorder which resulted in complete paralysis. Following his admission, Dwayne was intubated, received a tracheostomy, multiple muscle and nerve biopsies and required CPR on several occasions. After 69 days in ICU, Dwayne was able to talk, eat and move again.

During this time, Dwayne received exceptional care, as evidenced by no pressure injuries or hospital acquired infections. In addition, Dwayne received regular showers, was able to go outside, have a birthday celebration with his family and he was able to watch the fireworks on New Year's Eve. This is an outstanding example of providing best care to our patients on all levels.

Dwayne and his wife Jenny were so appreciative of the care provided, they made a short video to thank staff for their support. Jenny also wrote some lovely words of gratitude:

"To the staff, doctors, nurses and PSAs at Sunshine Hospital ICU. You have no idea what support you have given to Dwayne and I while Dwayne has been in ICU. You all mean so much. Words can't thank you all enough".

ALIGNING BEST CARE WITH OUR STRATEGIC DIRECTION

After an extensive consultation process that engaged more than 1,000 people, over 120 hours of one-on-one meetings and focus groups with consumers and collaboration with over 80 community partners, Western Health's 2015-20 Strategic Plan was formally approved by the Minister for Health in November 2015.

Our Best Care Framework has been aligned with our new strategic aims of:

- Growing and improving the delivery of safe, high quality care
- Connecting the care provided to our community
- Communicating with our patients, our partners and each other with transparency and purpose

This alignment has helped us to focus our areas for the monitoring, review and improvement of Best Care.

NAVIGATING BEST CARE

An interactive navigation tool was developed in 2016 to further assist staff to understand what Best Care is about and improve their accessibility to key information. This tool guides staff through the framework and associated plans and projects. The next phase in the tool's development will include linking our performance data to the dimensions of quality to enable greater transparency about how we manage key safety issues and improve care for our patients.



SHOWCASING BEST CARE

In support of continual engagement of our frontline staff in Best Care, we introduced a Best Care Forum in September 2015. This forum showcased a number of improvement projects and shared solutions for common problems.

More than 50 projects were presented and we were delighted to recognise staff for their contributions and achievements with the presentation of five Best Care awards. We also hosted a number of prestigious guest speakers.

The five awards were as follows:

The 'Best Care Women's Health Award' was presented to the team that led the 'Better Bladder' Project. This was a joint project between Women's and Children's Services and the Allied Health Physiotherapy team which supports the detection and management of voiding dysfunction in women who have birthed or undergone gynaecological procedures.

The 'Best Care in Action Award' was presented to teams from Radiology and Oncology for their patient care improvement project called the Power PICC (Peripherally Inserted Central Catheter) project. Often oncology patients have poor venous access and are likely to require multiple medications intravenously. This project demonstrated improvements in patient care and experience by ensuring these patients have a Power PICC inserted rather than multiple intravenous cannulas (IVC).

The 'Best Care Communication and Innovation Award' was presented to an Allied Health team of Speech Pathologists for their Mobile Cultural Key Phrases Tool. The team partnered with CSIRO to develop an iPad app to facilitate initial assessments between clinicians and non-English speaking patients to ensure appropriate and timely care when an interpreter was not readily available. This initiative also won the award for

Improving Health Equality and Closing the Gap at the 2015 Victorian Public Healthcare Awards.

The Best Care Making a Difference Award was awarded to the project called "ACE Venturi". This project related to increasing the use of administering oxygen in a controlled manner for patients with chronic obstructive pulmonary disease (COPD) in the emergency setting. This project commenced in 2014 and resulted in a significant increase in the number of patients with COPD receiving controlled oxygen. These results have been sustained and this best practice approach continued to improve compliance over time. The end result has been better patient outcomes and a reduction in adverse events.

The 'Best Care Award for the Best Poster' was presented to a team within the Women's and Children's division that had been working to improve the recognition and management of post-partum haemorrhages (PPH), a complication of approximately 2% of pregnancies world-wide, and an area of clinical practice chosen by the team to improve the quality and safety of maternity care at Western Health.



Accreditation

Friday 11 March 2016 was a day of great pride for all of us at Western Health, when nine Australian Council on Health Care Standards Surveyors presented a summation of an intensive week of organisation-wide accreditation survey measured against the national set of standards for health care delivery. The Surveyors' messages were clear – this is a health service which is very authentic in its commitment to the patients, families and communities we service; a health service which has demonstrated extraordinary improvements in a very short space of time.

It was reassuring for Western Health to see the connection made between what was described as a 'deep authenticity' and its importance for the patients, because that authenticity brings a great energy and enthusiasm to do the best for and with our patients.

As a strong reflection of our commitment to quality care, the formal accreditation survey report confirmed compliance with all externally set standards, with the additional accolades of "met with merit" status against patient care and service delivery aligned with six of the fifteen surveyed Standards covering:

- Governance for safety and quality
- Partnering with consumers
- Preventing and controlling healthcare associated infections
- Safe management of blood and blood products
- Service delivery relating to admission and prioritisation of care
- Corporate systems and safety relating to strategic and operational planning, radiation safety management and fire safety.

The small number of recommendations from the previous periodic review survey were accepted as being fully addressed and were closed off. The surveyors identified nine new minor recommendations for Western Health to action and monitor. These include:

- Assurance of consistent compliance with the cleaning of shared ward equipment
- Completion of the replacement of worn carpet and vinyl at various sites
- Mobilisation of the 'Call for Help Program' to support patient engagement in the identification of deteriorating patients
- Continued drive to redevelop Footscray Hospital.



“I am seen
and treated
as a person”

PERSON-CENTRED CARE

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.

BRINGING CONSUMERS INTO OUR DAY TO DAY DECISION MAKING AND PLANNING

During the past 12 months, Western Health appointed an on-staff Consumer Consultant, Ms Belinda Macleod Smith, to support and focus the quality and safety agenda on the patient experience and partnering with consumers.

Belinda was heavily involved in the development of our new strategic plan and brings a range of skills and experiences to Western Health as a consumer. Belinda is assisting with the development of an 'experience roadmap' which will be underpinned by activities to improve the communication with our patients/ consumers across the patient journey and further engage consumers in the review and improvement of patient care.

The following graphic outlines the current role of consumers in decision making at Western Health. This activity is supported by the 97 consumers on our consumer register, including 25 who are consumer representatives on key committees within our health service. For example there are consumers on our Board Quality and Safety Committee and each of the Best Care Committees and many more.









Listening and Responding to Consumers

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.

ENCOURAGING FEEDBACK

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

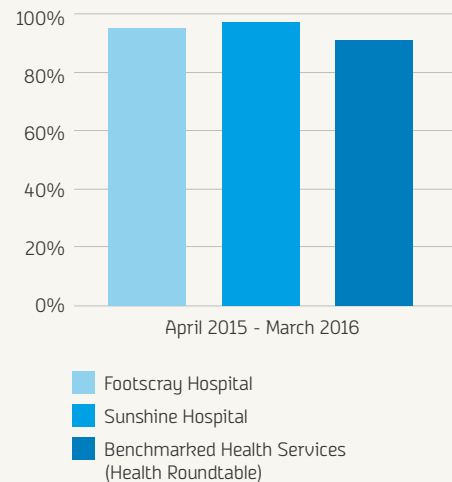
 <p>Fill out a feedback form and put it in the feedback boxes</p>	 <p>Talk to a staff member or volunteer</p>	 <p>Leave a voice message on 1800 31 96 31</p>
 <p>Ask to speak to the patient representative</p>	 <p>Email us at: feedback@wh.org.au</p>	 <p>Fill in a patient experience survey if selected through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

COMPLAINTS MANAGEMENT

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

Western Health recognises that good complaint management is important because it provides an opportunity for people to voice their concerns, promotes patient satisfaction, and provides feedback from which the organisation can learn. It is a critical indicator of the true health of the hospital system. We benchmark our responsiveness to complaints with other health services through the Health Roundtable.

Proportion of formal complaints closed within 35 days





SHARING COMPLAINTS WITH STAFF TO HELP US IMPROVE OUR SERVICE:

CONSUMER FEEDBACK: ASSISTANCE WITH PATIENT MEALS

“I think there are a number of issues with the food. I am sure, you (the health service) think that it’s about the quality. While I agree the quality isn’t great, the bigger issue is that patients are not eating, not because they don’t like the food but because if they need help, they are not getting it from the nursing staff. During meal times my Mum is always there to make sure Dad is fed. Myself or my sister usually always come if we can, taking turns with Mum. Of course we got to know the other patients in the room while Dad was in hospital. So while Mum was feeding Dad I noticed that one of the other ladies had a broken arm and I asked her if she needed me to cut her food. She said yes and she was very appreciative. I noticed that another patient in the room was still not eating. I asked one of the ladies if they knew why she wasn’t eating. She always waits for her daughter to come and feed her. Nearly 40 mins had passed, so I went over and asked if I could help.”

SO WHAT HAVE WE DONE ABOUT THIS?

We have adopted an interdisciplinary approach to improve nutrition management at Western Health. Nutrition intervention initiatives implemented during the last year include:

- The use of experiences like the one above to increase awareness of staff on the need to identify and support patients who need assistance with their meals.
- The expansion of the very popular Volunteer Meal Assistance Program. This program involves the engagement of our Volunteers to help patients open food and drink containers, butter bread and provide social interaction, with a strong emphasis on encouraging patients’ food intake.
- Introduction of a ‘Red Dome’ program, involving the use of Red Domes on patient meal plates to signal that a patient requires assistance to eat their meals.

These programs together with the communal dining program across the three hospitals, have helped inpatients get the assistance they need to eat their meals, as evidenced by an improvement from 63.5% in March 2015 to 73.6% of patients in March 2016 saying they received enough help from staff to eat their meals (source: Victorian Health Experience Survey).



HEAR MY VOICE

Fahina, patient with metastatic breast cancer

“...Mel and Leanne (WH breast cancer nurses), they want to hear my voice and that’s what I want...I want someone to hear me...not the one where you have to put the mask on...for my husband, my kids, my Mum and Dad, for everybody - it’s so hard ... but these two people have been such awesome people. Everybody relies on them, I’m not the only one. But I’m grateful and I’m thankful for such people.”

PATIENT STORY PROGRAM

Over the past year, we have continued to roll out our Patient Story Program to provide examples of how we get it right as well as how we need to improve.

The use of the Patient Story is now embedded across the organisation, with stories shared at Board level, governance committees and within local services.



One such story led to a simple, ongoing program – identifying ourselves with clear name badges and introducing ourselves to our patients and visitors. We have since made a video “Hello, my name is ...” to reinforce the important message of introducing ourselves to patients and each other.

VICTORIAN HEALTH EXPERIENCE SURVEY

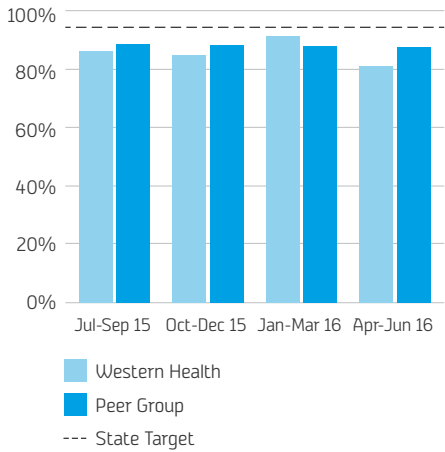
The Victorian Health Experience Survey (VHES) is a statewide survey of people’s experience of receiving health care in Victorian public hospitals. The survey is sent to a random selection of patients one month after leaving hospital. Responses are collected by an independent company contracted by the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

Data from the survey is collected and health services provided with scores on a range of measures of patient experience. Western Health uses overall patient care ratings from the survey as part of a monthly ‘organisational health’ performance dashboard presented to the Board.

The following graph shows the VHES overall experience ratings for patients admitted to our adult inpatient wards over 2015-16. As the graph shows, satisfaction ratings were inconsistent in the four reporting periods of the year. Satisfaction levels rose to a two year high of 93% in the January – March 2016 reporting period but dropped to 82% in the April – June 2016 period.



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



Fluctuations in levels of patient satisfaction may be associated with seasonal impact and challenges in access and levels of casual/ agency staffing associated with demand for patient services. The Co-ordinated Care section of this Report describes strategies we are implementing to improve the timeliness of patient care in an environment of growing demand for services.

PATIENT EXPERIENCE DASHBOARD

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

Our Best Care Committees analyse the dashboard data and develop actions plans to address key themes, and learn from the experiences of our patients and their families.

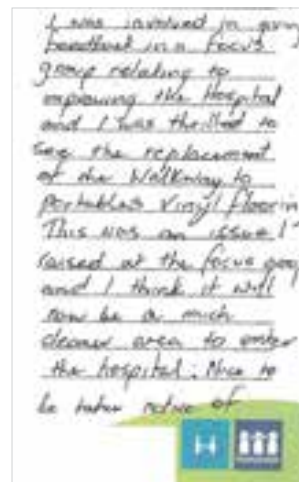
Examples of how we use this information to improve are distributed throughout this report. The Patient Dashboard has also been used to inform themes for a new forum called "If Patients Ran Our Hospital". Commencing in February 2016, this forum involved consumers from our Western Health Consumer Register and our Volunteer Team. The 50 attendees were strongly engaged in the forum and papered a significant section of the forum venue with thoughts and suggestions to improve the patient experience.

Improvement initiatives implemented following this forum include:

- Public thoroughfare facelifts and toilet facelifts in public areas, outpatient, and emergency department settings
- An improvement project with surgery patients about discharge information
- Relocation of the Footscray Hospital discharge lounge and improvement of the physical space
- Progression of "First Impressions" programs such as "Communicating with CARES" (our Values of Compassion, Accountability, Respect, Excellence, Safety) training program and co-designing solutions for a 'Quiet Hospital' initiative

- Introduction of more comfortable seats in the Outpatient waiting areas
- Implementation of communication initiatives with outpatient letters and with nursing and clerical staff in outpatient areas regarding waiting times.

The following feedback on actions following the forum was documented on a Western Health "Tell us what you think" feedback form.



Volunteering at Western Health

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

On one single day during the past 12 months, a count was made of the overall volunteer contribution on that day alone – it revealed more than 650 interactions between volunteers and patients, apart from the hundreds of other tasks carried out in that same 24 hour period.

Jo Spence, Manager Volunteers and Community Engagement noted the following about our Volunteer Team at our annual Volunteer Appreciation Day held in May 2016:

“As volunteers, you sit with patients and their families and reminisce in our gardens. You reassure patients when their little ones are about to go into surgery, by taking the time to talk and listen to their story and share your own. You offer patients a tea or coffee at our clinics or a book magazine or newspaper via our mobile trolleys. You cuddle babies, you hold the hands of anxious and scared patients in cancer treatment areas, you listen to how hard it has been to get a car park but still manage to get patients to the right spot on time and in a better frame of mind. You wash our community cars, you raise money for use and sell raffle tickets at local shopping centres.”

“But most of all you bring yourself and your positive vibe into our workplace and it means a lot when you do this each and every day, no questions asked. You turn up and are living in the moment with our staff, our patients and their families.”



Sunshine Hospital volunteer Maria.

VISITOR GUIDE TEAM

Sunshine Hospital's Visitor Guide Volunteer Team won the 2016 Australia Day Award - Brimbank City Council for the Community & Wellbeing Criteria. This award celebrated the impact that the visitor guide team have on visitors and patients to the Sunshine Hospital. The visitor guides offer way-finding at the Sunshine Hospital – a comment from a visitor was “I was so confused when I walked into the main reception area of the Hospital that I felt like crying - I had an appointment with my oncologist that I was worried about, I

felt scared and very vulnerable- then a lovely man in a blue vest came and said to me ‘Can I help you?’ – he was so kind, he settled me down, took me to where I had to be and wished me the best for my appointment. I was calm by the time I got to see the specialist and I could then listen properly to everything that he had to tell me - these volunteers are the best invention yet and they made such a difference to my experience at the Hospital”

Responding to our diverse community

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

Western Health's Cultural Diversity and Community Advisory Committee supports the organisation in this understanding, advising our Board on cultural issues and making recommendations to improve services for our communities. Members of the committee are from a range of backgrounds.

CULTURAL AND LINGUISTIC DIVERSITY

Cultural and linguistic diversity is a fundamental characteristic of the Western Health community, with our patients and their families speaking more than 110 different languages and dialects.

Western Health is committed to providing accredited interpreters for those patients who need one. We increased the number of employed interpreters during 2015/16 and undertook an improvement program to increase the use of interpreters for inpatients. Our interpreters are accessible at short notice, which

is vital in an acute health setting. Western Health also accesses interpreters from outside agencies for other languages or when our in-house interpreters are not available.

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

In 2013, Gay and Lesbian Health Victoria and Quality Innovation Performance (QIP) worked together to develop the Rainbow Tick Standards and related resources. The Rainbow Tick Standards are applicable to any organisation, regardless of industry, and support organisations to develop and implement inclusive practices for the LGBTI community.

Organisations that are Rainbow Tick accredited are demonstrating their commitment to LGBTI pride, diversity and inclusion. They are letting their LGBTI consumers, staff and community know that they will receive inclusive services from the moment they step through the door.

We plan to use the Rainbow Tick Audit Guide to review our systems within the next year.

IMPROVING CARE FOR PATIENTS WITH DISABILITIES

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

One way Western Health does this is to deliver Disability Awareness Education each year to our Graduate Nurses. The sessions are delivered in partnership with a consumer who was a patient at Western Health. Participants have commented that having the voice of the patient is a powerful learning tool.



Members of Western Health's Cultural Diversity and Community Advisory Committee in 2015/16.

Dental health services for those with special needs

Western Health has partnered with Dental Health Services Victoria (DHSV) to provide restorative and extraction work to special needs dental patients.

This group of patients are currently not able to access dental treatment in their communities due to their health conditions. Western Health is assisting the Dental Hospital to treat special needs patients requiring overnight care that their day stay facility cannot provide.

Abruh, the mother of a severely intellectually disabled patient at the Williamstown Hospital service said the specialist service helped ease her son's anxiety about receiving dental care. "We were treated with such kindness and compassion, which made a stressful situation more bearable", Abruh said. "It was the first time my son felt important and that he mattered".



(left to right) Assistant Nurse Unit Manager Alison Stephenson, Enrolled Nurse Ethna Morris, Enrolled Nurse Cindy Cosar, Anaesthetist Elizabeth Hessian, Nurse Unit Manager Paul Buso, Clinical Nurse Specialist Linda Wilkins, Theatre Technician Duncan McKenzie, Clinical Nurse Specialist Elizabeth Ryke, Facio-Maxillary Registrar Shiva Subramaniam, Dental Health Services Victoria Dental Nurse Pam Rawnsley and Dentist Dr Warren Shnider.



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 2015–16

KEY RESULT AREA	KEY ACHIEVEMENTS
Engagement and Partnerships	<ul style="list-style-type: none"> The Remote Area Health Corp (RAHC) partnership with Western Health continued. This partnership places nurses and now midwives in remote Northern Territory for six-week secondments. The Koori Maternity Service and Midwifery Group Practice continued to support Aboriginal women during their antenatal period. We held a three week Aboriginal Mums and Bubs Art Workshop which attracted very positive feedback from mothers. We strengthened and identified new partnerships within our community, including a range of community organisations to support activities that promote overall health and wellbeing for Aboriginal and Torres Strait Islander people.
Organisational Development	<ul style="list-style-type: none"> An Aboriginal Health Roadmap 2015-18 was developed and approved. We continued to deliver Aboriginal Cultural Awareness Training workshops, with positive feedback from staff.
Workforce Development	<ul style="list-style-type: none"> We refreshed our Aboriginal Employment Plan to drive the work over the next three years. An Aboriginal Recruitment and Mentoring Program (ARaMP) was implemented. Western Health was invited by the Department of Health and Human Services (DHHS) to partner with the Department of Education and Early Childhood Development to work with 12 Year 9 & 10 Aboriginal students on a co-design pilot project to provide opportunities into post school work. We developed an Aboriginal employment webpage which has various resources including employment brochure, recruitment video, employee profiles, applicant toolkit, information about our Aboriginal Recruitment and Mentoring Program and much more. Traineeships in health administration and a Nursing Cadetship program were introduced, both supported by the Department of Health and Human Services.
Systems of Care	<ul style="list-style-type: none"> Work has been undertaken to commence a program between Royal Dental Health Melbourne and the operating suites at Williamstown to provide complex dental treatment to aboriginal patients. The Aboriginal Newborn Identification Project progressed, with the introduction of Cultural Safety Workshops. These workshops included simulated maternity emergencies requiring stabilization and transfer of an Aboriginal mother and her baby.





A simulation activity underway (note this is not the patient referred to in the story below).



SUPPORTING ABORIGINAL HEALTH NEEDS

Julie is an Aboriginal woman in her mid 30s. She and her partner returned to Sunshine for the birth of their third daughter who was born prematurely in June this year. She was not due until August. Julie has had to overcome many challenges in her life and has leaned heavily on the support of the Western Health Aboriginal Health Unit (AHU) during these times to see her through her toughest days. The AHU worked with the Midwives and Social Workers to set up pre-birth meetings and connect Julie with external services throughout her pregnancy. We worked with The Gathering Place in Werribee which offers medical, social and emotional support services to both Julie and her family. Julie delivered Matilda 8 weeks early and as a result was transferred to Mercy Heidelberg for the birth and Matilda spent time in NICU before being transferred back to Sunshine to the Special Care Nursery where she continued to be supported by Western Health staff. Julie has fed back to us that she didn't think she would have got through this stressful time without the support and kinship she had with AHU staff.

Addressing Family Violence

Victoria's Hospitals are poised to dramatically change the way they deal with family violence victims. The Royal Commission into Family Violence has created the impetus for change which includes initiatives to train the hospital workforce in the identification of domestic violence victims and ensure there is a better system and an easier way to share information between police, welfare and health services.

Over the past 12 months, Western Health has developed an on-line family violence competency training module and piloted an advanced practice Social Work role in the Sunshine Hospital Emergency Department. This role was designed to work with vulnerable pregnant women, children and their families to increase identification of childhood adversity, reduce risk of trauma and link the family to appropriate formal services and informal supports. The Pre-EMPTS Service (Responsive Emergency Maternity and Paediatric Trauma) received 233 referrals over a 9 month period and is being funded for a further 12 months in 2016/17.

Western Health is also a pilot site for a scheme funded by the Department of Health and Human Services called Strengthening Hospital Responses to Family Violence.

Getting the Basics Right

Over the past year, Western Health has focused on getting the basics of patient care right and doing this in a way 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, cognition, continence and nutrition management.

A standardised framework to support staff has been developed in the form of a Patient Risk Screening Assessment and Management Tool and a Patient Admission and Discharge Planning Tool. Comprehensive training of 267 clinical staff was conducted to support the introduction of these new tools.

The consistent assessment framework was implemented across all adult inpatient wards, and ensures screening assessment and care planning for key clinical risks occurs each day.

The Patient Risk Screening Assessment and Management Tool commences in the Emergency Department and continues throughout admission, identifying risks early and ensuring strategies are put in place to minimise these risks.

The Patient Admission and Discharge Planning Tool was introduced across all adult inpatient wards from November 2015 to support timely identification of patient care needs and barriers to discharge. This tool is completed by nursing staff within the first 24 hours of admission and travels with the patient along the care continuum to minimise duplication.

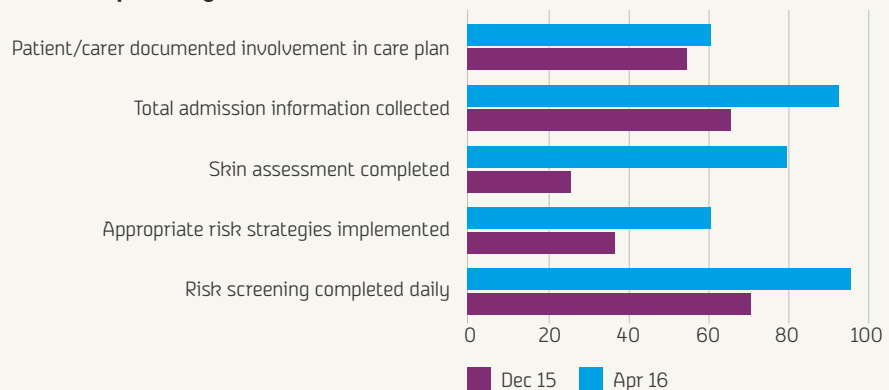


Sunshine Hospital Ward 2A Associate Nurse Unit Manager Phuong Tran speaks to patient Margerite Burnett as part of the new Assessment and Care Planning initiative.

As demonstrated by the following graph, there has been a significant improvement in the first six months following roll out of the tools in documented evidence of the occurrence of comprehensive patient screening, assessment and care planning. The following year will see a continued focus on improvement, with a concentrated effort on engaging and/or documenting patient and carer involvement in care planning.

Improving fundamental care planning and practices has ensured that there is a comprehensive daily risk screening process occurring across Western Health, which has aided in the early identification of risk and implementation of risk mitigating strategies, as well as early identification and planning against potential barriers to discharge. What this means for our patients is that the right plans and actions are put into place in a timely manner which has in turn resulted in a reduction in preventable harm from risks such as falls and pressure injuries.

Percentage of patient records with documented evidence of assessment and care planning



PREVENTING FALLS AND HARM FROM FALLS

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.

There are many reasons a patient may be at risk of sustaining a fall while in hospital. These can 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.

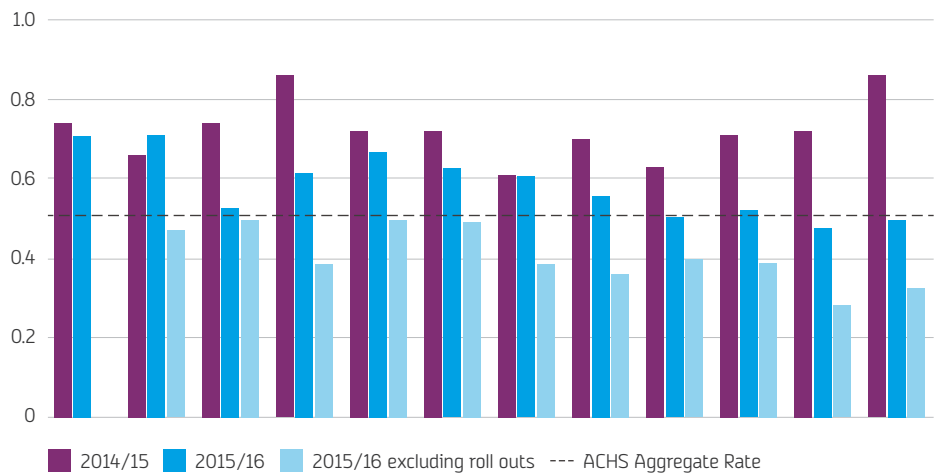
Western Health measures key performance indicators (KPIs) to determine the success or failure of our current falls prevention programs. These KPIs are benchmarked across Australasia or peer Australian organisations through the Australian Council on Health Care Standards (ACHS).

As demonstrated by the graphs below, Western Health has demonstrated significant improvements in preventing falls and serious harm from falls over the past 12 months. Analysis of our

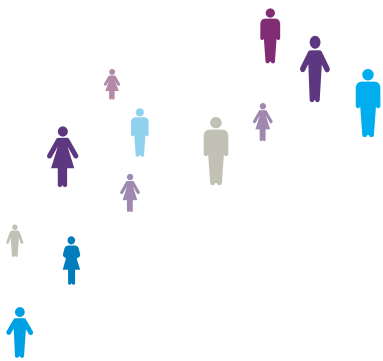
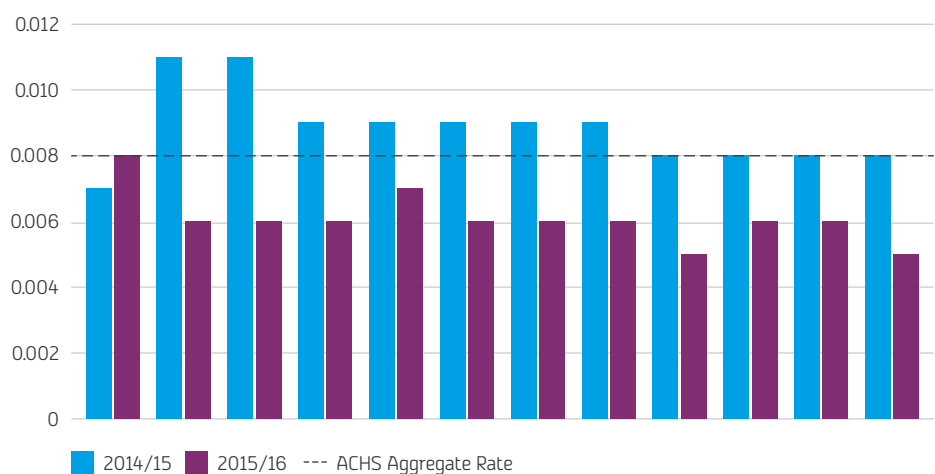
falls data shows that consistently 20% of all recorded falls are patients rolling out from low-low beds. These are considered to be safe or controlled falls, with low-low beds in use because patients have been identified at risk of harm from falling. Our falls rate excluding roll outs has been included in the graph below.

This improvement was largely due to a number of key changes in our falls prevention program.

Falls per 100 occupied bed days



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



We moved to implement the health service-wide patient-centred risk assessment tool to identify a patient who may be at risk of falls (as one of five key health domains: cognition, falls, pressure injury, continence and nutrition.)

A risk in any of these key areas presents a potential risk of the patient having a fall while in hospital. The aim is to identify that a risk exists, rather than the level of that risk. Patients then have individualised falls prevention plans put in place. Western Health introduced a simple 10 point set of evidence-based fall prevention strategies to support staff in creating a safer environment.

An additional 20 specialty (Floorline) beds were purchased and distributed to wards with evidence of high numbers of at risk patients. The beds are height adjustable and the beds come with specialised floor mats which sit to the side of the bed when in its lowest position. If a patient rolls out of bed the risk of an injury is reduced as they ensure a 'soft landing'. These beds have been instrumental in reducing falls resulting in serious outcomes.

Most importantly, every ward now has a 'Falls Prevention Champion' who is accountable and consistent in making sure their clinical area has a strong focus on falls prevention.

PREVENTING AND MANAGING PRESSURE INJURIES

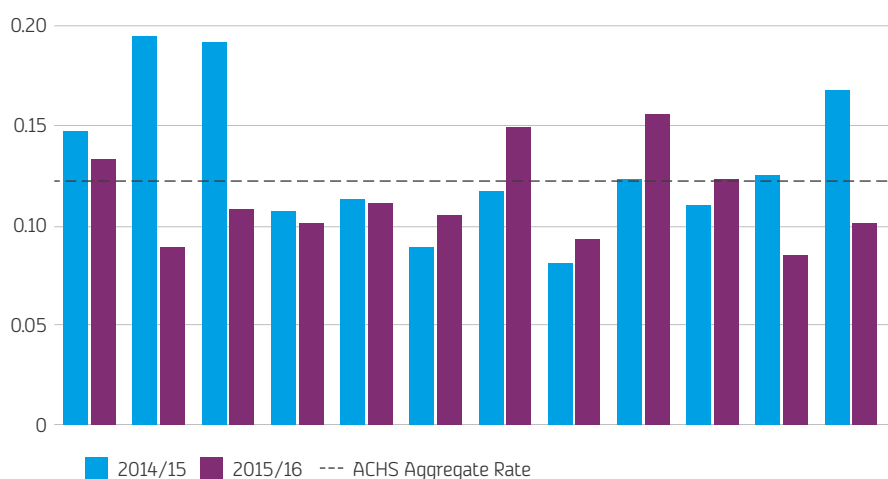
Western Health continues to recognize that preventing pressure injuries is an important health issue. We are committed to preventing patients from getting pressure injuries and to the effective management of pressure injuries when they occur.

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

Western Health has a vision of "zero tolerance for hospital acquired pressure injuries", supported by a strategy aimed at maintaining awareness and engagement of all health professionals. We work to achieve this by providing feedback to clinical staff through regular auditing, educational training days and facilitating pressure injury prevention 'Expos'. The 'PIP-abulous' Expo provided staff the opportunity to showcase and celebrate achievements. Successful tactics are then incorporated into an organisational strategy.

As demonstrated in the graph below, 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.

Pressure injuries per 100 occupied bed days





A number of improvements to our pressure injury prevention and management program were undertaken over the past 12 months.

As mentioned previously, the adoption of the health service-wide improved patient centred risk assessment tool enables early assessment of patients who may be at risk of a pressure injury.

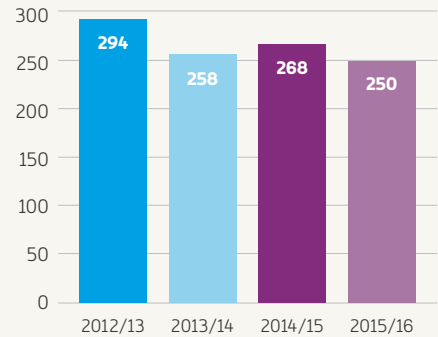
We also purchased additional equipment to support staff in establishing early strategies. This equipment includes air mattresses, cushions and bariatric beds.

In addition to providing short courses for staff, an online pressure injury prevention and management education program was developed. This can be accessed at any time by health professionals, as can an interactive educational session recently incorporated into junior medical staff training.

In November 2015, a consumer representative with a strong interest in pressure injury prevention joined our steering committee. Their affiliation with Western Health, their knowledge and involvement in the local community and personal experience with family members as inpatients has been invaluable in guiding discussions from a consumer perspective.

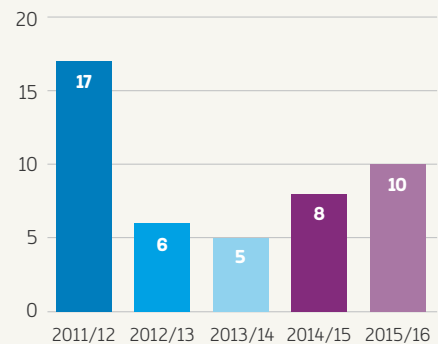
As demonstrated by the graph below, these improvements helped to achieve our 2015/16 objective of reducing stage 2 pressure injuries, although we recognise this focus must continue over the next year.

Stage 2 Hospital Acquired Pressure Injuries



While data shows significant improvements have been made in relation to the number of hospital acquired stage three and four pressure injuries over time, 2016 has seen a slight upward trend which we aim to reverse.

Stage 3 and 4 and unable to stage hospital acquired pressure injuries



Prostate cancer survivor, Anthony King, explains to Health Minister, Jill Hennessy, that he was very happy with his care at Western Health.



**“I receive help,
treatment and
information when
I need it and in a
coordinated way”**

CO-ORDINATED CARE



Over 2015-16, 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 Coordinated Care.

Co-ordinating Critical Care Services

February 2016 marked twelve months since critical care services commenced at Sunshine Hospital. During this time, Sunshine's Intensive Care Unit provided care to 748 patients and the unit welcomed 45 new nurses and 5 new Intensive Care Physicians. Gravely ill patients from as far afield as Horsham, Swan Hill and Mildura are now also being referred to Sunshine Hospital.

The teams have developed strong links with the Emergency Department, Women's and Children's Services and received many compliments and thanks from patients and their families. We have developed a cross campus service which sees our staff to move to where they are most needed to ensure we minimise moving patients.

Critical care services at Western Health received an additional boost within the last twelve months with the opening of four newly funded critical care beds.

Our community has also provided great support for our critical care services. Under the leadership of the Association of Vietnamese Healthcare Professionals, the 'Sunshine Hospital Critical Care Appeal' was launched and delivered in 2015, raising over \$240,000 for patient care. These funds purchased a high resolution Digital Ultrasound Kiosk; a Sentinel Node Navigator System for cancer staging; and a Rotem system, which provides point of care coagulation control for women with high risk pregnancies.

Over the past 12 months, Electro-Physiology services have commenced at the Cardiac Catheter Laboratories at Sunshine Hospital. Electrophysiology studies measure and analyse the electric circuitry of the heart and helps doctors understand the nature of abnormal heart rhythms – arrhythmias – to find where the abnormal heartbeat is coming from. These results can help decide whether a patient requires medicine, a pacemaker, an implantable cardioverter (defibrillator), cardiac ablation or surgery.

During April the first Special Report of Victorian Cardiology Outcome Registry data was released. The data set benchmarks both public and private hospitals and focuses on treatment times for patients being managed in the Cardiac Catheter Laboratory following a heart attack. The data related to the 2014-15 financial year and Western Health is identified as a health service treating a high number of heart attack patients, importantly with patient outcomes which are above average. The Cardiology service looks forward to receiving the next data set, especially as the new labs at Sunshine had only been open for a short period of the time covered by the report.



*Western Health Cardiologist
Dr Wong with Western Health's first
electrophysiology patient, Zahid.*

DEVELOPING SERVICES FOR CARDIOLOGY PATIENTS

The first patient to undergo an Electrophysiology Study at Western Health, 21 year-old Zahid, had been suffering recurrent palpitations over the past two years. He had been forced to give up exercise and his favourite pastime of cricket, due to his condition, with his heartbeat reaching 210 beats per minute on some occasions. Through the procedure, Zahid's condition was successfully treated and he was given the all clear to return back to playing cricket.

"This is a big step forward in treating patients in the West living with a cardiac arrhythmia who have largely been referred to the Royal Melbourne Hospital in the past," Dr Wong said.

"These procedures are really useful to address a large number of patients in the West who have electrical heart problems and who have essentially had to live with their symptoms for a long time, because the waiting lists for these procedures are rather long."

"This is a big step forward in treating patients in the West living with a cardiac arrhythmia ..."

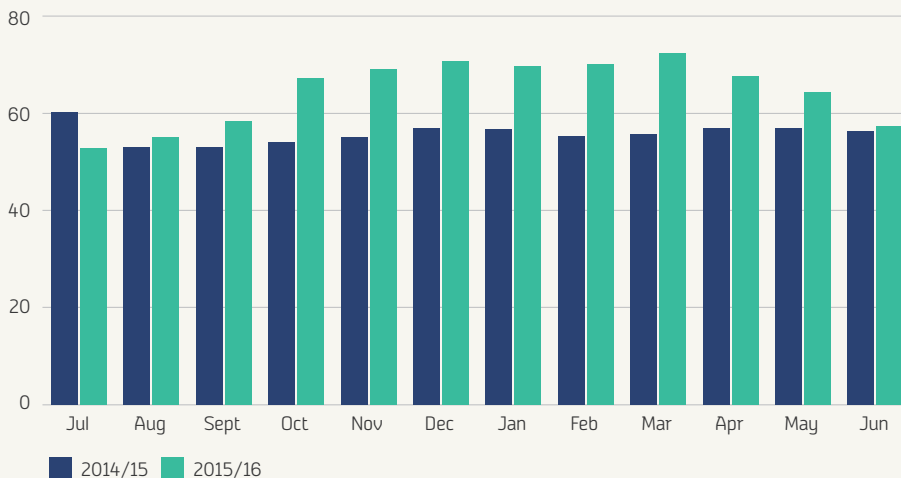


Co-ordinating Emergency Care

Improved performance in the timely care for emergency patients has been an organisation-wide priority for Western Health over the past twelve months. Executives, senior managers and clinicians right across our health service have worked together to look at how we support and improve patient flow. We have reviewed the literature and experiences of other health services to find and implement solutions to reduce waiting times for our patients.

We called this approach "It's About Time" and there has been extraordinary commitment by staff to make a difference. As the graph below shows, following the commencement of "It's About Time" in July 2015 significant improvements were achieved in the percentage of patients attending our emergency departments with a length of stay less than 4 hours, however performance declined in the final 3 months of 2015/16.

Percentage of Emergency Department patients with a length of stay less than 4 hours



The drive to achieve reduced emergency care waiting times is one of the most difficult challenges facing Western Health, particularly as the number of patients presenting to our emergency patients is progressively growing and we are seeing sicker patients. Our emergency departments saw over 5,300 more patients in 2015/16 compared to the previous year and nearly 4% more patients required admission to a hospital bed.

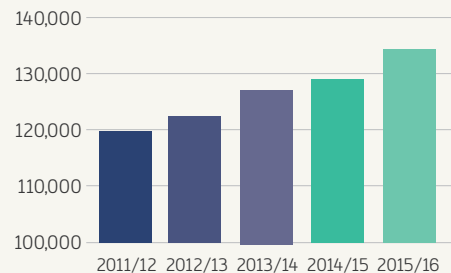
64.7%

of Emergency Department patients on average stayed less than 4 hours in 2015/16 compared to 55.8% in 2014/15

134,733

Emergency Department Presentations in 2015/16

Number of Emergency Department Presentations



Work continues to make sustainable improvement gains in the coming year and to consider how we can improve the physical capacity of our emergency departments to see and care for more patients in a timely manner.

RECOGNITION FOR DEDICATION TO EMERGENCY CARE



A dedication to emergency care earned national recognition for Sarah Cornish, who was named the College of Emergency Nursing Australasia (CENA) 2015 Emergency Nurse of the Year. The Clinical Nurse Specialist and Clinical Nurse Educator has worked at Footscray Hospital since completing the Graduate Nurse Program in 2002.

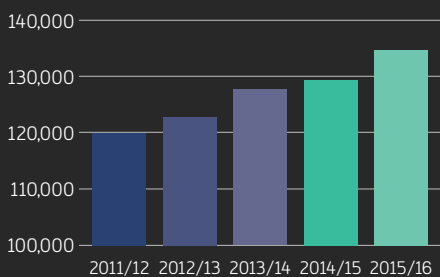
The busy mother-of-one also juggles numerous commitments outside of her busy work schedule, having been a member of CENA since 2004 and joining the Victorian committee in 2006. She is also a member of the Victorian branch of the Australian Resuscitation Council.

"I love working in a team environment, which is at the heart of emergency care. We make decisions very quickly, using our clinical expertise, to improve the outcomes for our patients in their most vulnerable time. I really enjoy looking at processes and how they can be improved, to provide the best outcomes for our patients."

Co-ordinating Ambulatory Care

OUTPATIENT ROADMAP

Number of Outpatient Attendances



The above graph shows a significant increase in patients attending outpatient appointments at Western Health. In order to further increase our capacity to meet a very high demand

for outpatient services, we developed an Outpatient Roadmap in 2016.

Through our whitebox feedback, volunteers, general practices and GP liaison, as well as complaints, our patients have told us that they want to wait less (to get an outpatient appointment and on the day of attendance), to have choices about time of day/place, for it to be easier to contact us if they need to, and to know what happens next when a referral is received by an outpatient centre.

The Outpatient Roadmap 2016-2020 aims to respond to this feedback and support the WH strategic objective

of improving the timeliness and responsiveness of our health service. The Roadmap sets out a path to reform ambulatory services by:

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

Roadmap launch and progressive implementation is a priority action area for 2016/17.

SUPPORTING AMBULATORY CARE – ALLIED HEALTH ADVANCED PRACTICE ROLES

Western Health is a leader in the development and progression of Advanced Allied Health (AH) Scope of Practice roles, which involve skilled, experienced AH clinicians leading the assessment and management of the care needs of individuals with specific requirements who may usually be managed via medical clinics, often involving lengthy waiting lists.

These roles improve our capacity for provision of quality evidence-based care, improved patient access and increased service efficiency, coordination and continuity. Appropriately designed and resourced Allied Health advanced practice service models have been demonstrated to improve patient outcomes, reduce patient waiting lists and reduce acute hospital admissions.

We currently have seventeen Advanced Practice Roles and in excess of thirty Allied Health professionals credentialed as Advanced Scope of Practice clinicians.

One example is the **Occupational Therapist Led Plastics Clinic**. This initiative involves patients receiving early active therapy intervention post-surgery from an advanced practice occupational therapist, for a range of common hand conditions such as tendon repair and fracture reduction. Introduction of the therapist led clinic has resulted in patients being seen sooner, with a 43% increase in the number of patients seen within 4 days of surgery contributing to improved patient functional outcomes and reduced complications. Patients report increased satisfaction with the therapist led clinic, commenting on reduced waiting times for both an initial appointment and clinic wait times to see an occupational therapist. The overall satisfaction with the new therapy led clinic model has resulted in expansion of the clinic, to increase capacity and include management of additional frequently presenting conditions.

SUPPORTING AMBULATORY CARE – REDESIGNING CLINIC REFERRALS

The aim of the Health Pathways redesign project is to improve patient access to Adult Specialist clinics by trialing new standards for GP referrals specifically in the areas of diabetes and nephrology. Key representatives from the clinical and administration services, primary care and the Melbourne Primary Care Network were in attendance at a workshop held in February 2016. By bringing everyone together we could understand how the process works currently and suggest future solutions. All agreed that there are improvements that can be made.

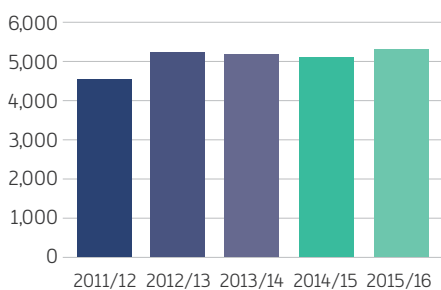
The following is a quote from the consumer representative at the workshop:

“It was a valuable experience for me and I was fortunate to be there. I was most impressed with the discussions that occurred and that I was able to listen to the views of the Heads of Unit and other stakeholders. Once again, this confirmed to me that Western Health CARES values are demonstrated at all levels. When discussing difficulties in assessing certain referrals, Dr Shane Hamblin was asked ‘what criteria would you use to assess a patient’s access to your Clinic?’ I was blown away with his response as ‘he gently tapped his fist on his chest (on his heart position) and had a smile on his face’. That felt absolutely amazing for me as a patient because I felt reassured that Clinicians use their common sense and humane/compassionate approach when making decisions about patients.”

Co-ordinating Women's & Children's Services

JOAN KIRNER WOMEN'S & CHILDREN'S HOSPITAL

Number of Births



The above graph highlights the continuing growth in demand for maternity services at Western Health.

The past 12 months delivered key milestones for one of the most important developments in the west of Melbourne to meet current and ongoing needs for maternity services – the development of the 200 million dollar Joan Kirner Women's and Children's Hospital. Every step in the project brings us closer to being able to provide the services families of the west need, in a wonderful building closer to their homes. We have welcomed Lend Lease as the managing contractor and a wide range of staff from Western Health have been closely involved in planning for the hospital.

An aerial artist's impression of the Joan Kirner Women's and Children's Hospital.

OPEN ACCESS BOARD FORUM

As one of a range of community engagement initiatives, we ran an open access Board forum in December 2015 for the community on hospital design features. Sixty-seven people joined the Board for this forum which included a presentation on the hospital development and group discussions facilitated by Board Members on four questions related to the design of hospital, covering way finding, amenities, waiting areas and patient surroundings.

There was a positive response on the value of the meeting, with 100% of survey respondents (n=41) rating their opportunity to contribute to discussions or share their thoughts as good or excellent. The following actions have been undertaken in response to discussions at this meeting:

- Project site developed on the Western Health Internet.
- Community engagement panel set up, with Member for St Albans, Natalie Suleyman appointed as Chair and panel including a number of attendees at the open access event who put their names forward for involvement in further forums on the project.
- Design elements of the building have been informed by group discussion, for example the size and positioning of an information desk, breakout spaces for carers and family, the look of garden spaces, and the use of colour/ other visual cues for wayfinding.
- Information Technology related solutions to wayfinding considered in the development of IT specifications for the project.



COLOUR MY CARE

Maternity Services at Western Health launched their new model of care at the beginning of 2016 with the introduction of *Colour my Care* for all Women's Clinics at Sunshine Hospital and in community locations.

The changes were developed to create a sustainable antenatal care model that meets the needs of women in the region and focuses on the experience of women receiving maternity care in the ambulatory environment.

Women are now allocated to a colour team – blue, orange, yellow or purple - according to the suburb they live in at the time of booking their first appointment. The women stay in the same colour team and have the same team of clinical staff caring for them throughout their pregnancy. Each colour clinic runs for a full day at Sunshine Hospital and another day at a location in the community. Antenatal Clinics are now held at Cohealth Clinic at Laverton, Hub, Melton Health, ISIS Wyndham Vale Primary Care Centre and Sunbury Day Hospital.

The introduction of Colour my Care supports women to receive co-ordinated, safe and effective care that is individualised to their needs, provided by the right clinician, and at the right time. Reduction of clinical risk and adverse events, improving patient co-ordination, minimising fragmentation of care and valuing and supporting staff are key drivers of the model.

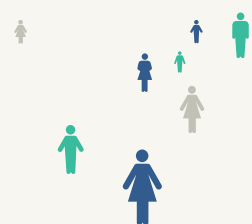


WOMEN'S HEALTH PHYSIOTHERAPIST-LED CLINIC

In February this year Western Health commenced a new Advanced Practice Physiotherapy clinic in the area of Women's Health. This clinic supports us to care for the many women in our region suffering from incontinence and/or pelvic organ prolapse. Implementation of this clinic better aligns to current evidence-based practice, as physiotherapy is recommended as first line treatment for managing urinary incontinence and pelvic organ prolapse ahead of surgery, medication and other treatments.

Prior to this clinic many patients with these conditions were referred by their GP to specialist Gynaecology or Urogynaecology clinics, which had long wait lists and limited patient access to specialist care. The implementation of this clinic allows referrals for patients not requiring initial medical review to be triaged for review by a credentialed advanced practice physiotherapist.

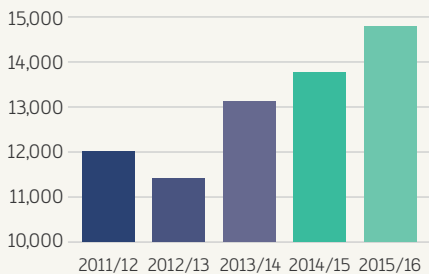
Feedback from patients attending the clinic has indicated a very high level of satisfaction with the service. The majority of patients have been able to be successfully managed without needing an Urogynaecology clinic appointment.



Co-ordinating Surgical Care

Despite the ongoing challenges presented by an increasing number of emergency presentations, our surgical teams have maintained and further developed efficient theatre processes, enabling them to admit over 14,500 patients from the elective surgery wait list (in 2015/16) and meet elective surgery wait list targets.

Number of Patients Admitted from the Elective Surgery Waiting List



As at June 2015 there were 380 patients in the category of long waits requiring surgery by July 2016. It is pleasing to note that none of these patients were waiting by the end of June 2016. To assist in tracking this patient group in the future a new feature has been developed in Western Health's electronic Monitoring and Performance (MaP) system, allowing a day by day view of long waiting patients.

Of note has been the increase in the number of patients requiring surgical treatment for fractured neck of femurs which is reflective of an ageing population. A second clinical specialty experiencing growth in emergency surgical demand is plastic and reconstructive surgery. To reduce the amount of weekend and out of hours operating to meet this demand, upper limb and hand trauma surgery has been moved from Sunshine Hospital to Williamstown Hospital to improve access and decrease the rate of rescheduling due to patients with a higher clinical priority. To facilitate this initiative, a Mini-C Arm x-ray which is used in theatre by the surgeons has been purchased.

To further streamline our surgical patients journey we have reviewed guidelines for the Pre-admission Nursing staff and unit specific Junior Medical Staff regarding the ordering of basic pre-operative investigations required by the anaesthetists. The purpose of the guideline is to decrease the number of unnecessary investigations that may be being ordered because of a lack of guidance. The guidelines have been developed as simple posters which are able to be quickly updated as requirements change.

During March 2016, Williamstown Theatres undertook the first Orthopaedic case with live streaming to the Western Centre for Health, Research and Education located at Sunshine Hospital. Western Health is currently the only health network in Victoria that has the ability to stream both on demand and using only in-house services transmit to another site.

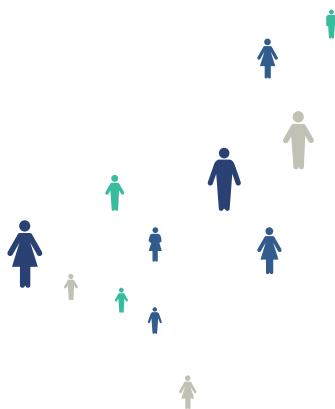
As the emergency caseload continues to grow, our surgical program will continue to look at ways of increasing dedicated time for emergency surgery whilst not compromising the ability to achieve elective surgery targets.



Integrating our approach to care

We are set to enter an exciting phase in the care of those people in our diverse community suffering from chronic disease with Western Health accepted to participate as one of the innovative pilot sites for the new “Health Links: Chronic Care” Program. This program sponsored by the Department of Health and Human Services seeks to consider new funding models to support patients with chronic and complex health needs to receive better clinical care that is more integrated and supports early intervention and fewer admissions to hospital.

Health Links will ‘go live’ towards the end of 2016. Potentially over 2500 patients will benefit from this new model of care. This is an exciting and new frontier for Western Health.



TALES FROM THE SURGEON’S TABLE

The stories of trailblazing surgeons who worked at Footscray Hospital in its earliest days were celebrated in a book released in 2016. The People’s Hospital – Tales from the surgeon’s table also charts the grassroots campaign by community leaders and local factory workers in the early 1900s to get the hospital built.

Associate Professor Alex Cockram, Western Health’s Chief Executive, said Footscray Hospital’s early surgeons and staff laid the foundation for Western Health’s ethos and its mission to respond to the palpable need of western suburbs residents. “In 2016, the striking characteristics of this health service and its staff are still very closely aligned to the values and attitudes of its founders,” she said. “There is a phenomenal ‘Can Do’ and ‘Get on With It’ attitude and a steely determination to constantly improve the service we provide.”

Excerpt from the book: A/Prof Joseph Epstein (at Western Health 1966 – 2016)

“I fell in love with Footscray because of the clinical variability of the patients and the social variability of the patients. Every wave of migrants came to Melbourne, came to live in the area. The self-reliance of the hospital staff, the multicultural patient mix – were the things that I loved about Footscray. I worked with outstanding clinicians. What was outstanding about them was not just their technical ability, but their attitude to life”.

The book was published by Western Health and written by Caroline Milburn, a former journalist with The Age newspaper.



“I receive care that makes me feel better”

RIGHT CARE





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

Supporting Choice for End of Life Care

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

We have established a multi-disciplinary end-of-life working group which reports to the Western Health Right Care Committee. End-of-life care is reviewed during Divisional multi-disciplinary morbidity and mortality meetings using guidelines developed by the Victorian Department of Health and Human Services. The meetings facilitate discussion for the purposes of clarifying management and provide a forum for teaching and system level learning.

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

The Western Health End of Life Care Procedure was released in February 2016 and provides guidelines for staff to manage end of life care that is consistent with evidence based best practice, legislation and common law obligations. A Western Health 'care of the dying symptom and management chart' has been developed. The chart assists staff to provide improved care in the patient's end of life and has had positive initial feedback.

As part of the commitment to improve End of Life Care at WH, a consultant has been contracted to assist and support the Clinical Service Directors and Heads of Unit. The consultant's role is to support education and promotion of End of Life Care, Advanced Care Plans and the Acute Resuscitation Plan.

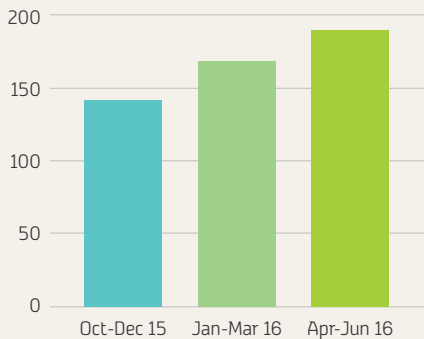
ADVANCE CARE PLANNING

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

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

The following graph shows the continually increasing number of Advance Care Planning alerts on Bossnet, the system supporting our DMR.

Advance Care Planning (ACP) Alerts



To continue to embed ACP in practice across the Western Health network and its community, resources have been provided in many forms including documents, instructions, and training,

internet and intranet and resource folders. Over 600 staff attended formal training via structured in-services sessions. More than 60 staff from various disciplines participated in online learning in conjunction with a full-day workshop facilitated at Western Health by the Advanced Care Planning Team. Staff are also supported by the presence of an experienced ACP facilitator in their clinical setting. An ACP facilitator provides mentoring to support conversations with patients and families, and completing documents that provide clear description of the patient's wishes for future medical treatment.

The ACP team continue to engage with consumers and staff to ensure that they are aware of the importance of ensuring that patients have a voice in their own end of life care.

ORGAN DONATION

With the expansion of Critical Care services to Sunshine Hospital Western Health was able to gain funding for a third Organ Donation Coordinator to join the team of two nurses and an Intensive Care Physician. DonateLife Victoria is the organ donation agency that provides funding and services Victorian hospitals. The Western Health Organ Donation team coordinates donation services and education programs to increase organ and tissue donation rates to facilitate organ and tissue donation.



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 that burden our community.

It's been an exciting year of progress and achievement in research at Western Health. We have established and embedded the Western Health Research Roadmap 2015-2020. The roadmap identifies key strategic

research priorities that will ensure our organisation becomes a leader in translational research and addresses the healthcare needs and expectations of our community in the West.

We established a research education and training program that delivered workshops across research methods and principles. The workshops were in high demand, with large numbers of staff attending. Attendees also came from external organisations.

The year's main highlights included the approval of 194 new research projects, more than \$32 million worth of grants held and 395 journal articles published. Many of our clinicians received national and international recognition for their research contributions in their respective disciplines. For example, Assoc/Prof Alan Moss became the first Australian to win the prestigious World Endoscopy Organisation Research Award for his research and publications proving the efficacy and safety of less

CREATIVELY AGEING

A research project led by Carol Perich, Western Health's Sub Acute Manager, Clinical Practice and Development, is helping dementia patients become calmer, more engaged with others and less dependent on medication. The project, a creative arts program for dementia patients in a hospital setting, is the first of its kind in Victoria. It involves qualified instructors running dance, visual art and music classes with patients at Sunshine Hospital's Dementia Assessment and Management Unit.

The unit caters for highly agitated patients with moderate or severe dementia. Patients stay at the unit for an average 38 days while they and their families

receive specialised help. Ms Perich said "her research challenged the traditional view that medication was the best way to manage agitated dementia patients."

A trial of the Creatively Ageing Project involved patients and staff taking part in three art-based sessions each week during two three-month periods. Results from the trial, including findings from staff surveys, revealed the project has been effective in changing patient behaviour and staff attitudes. Patients were happier and less aggressive on the days that the art therapy sessions took place, compared with the non-art therapy days.

The trial reduced the need for patients to be given extra medication to quell agitated behaviour. It also improved staff knowledge about how to use meaningful activities rather than extra medication as the first option to manage the behaviour of individual patients. The trial's effectiveness has led to the program being embedded into the unit's weekly schedule, with nurses and community volunteers now running regular art, music and dance therapy sessions for the patients. Ms Perich said "When we have family members present during the activities we've had comments like, 'I didn't ever think I'd see my husband smile again,' and others say, 'It's really good to see he can still enjoy himself.' "It's really powerful for a family member to say that. It's great for them to see their relative can still have times of enjoyment."

Ms Carol Perich Sub Acute Manager, Clinical Practice Development with a patient.



invasive techniques to remove large, complex or advanced pre-cancerous polyps from the colon. Alan is the head of Head of Unit, Endoscopic Services and Head of Unit, Gastroenterology.

Other colleagues, such as Assoc/Prof Craig French, Director of Intensive Care, are also undertaking groundbreaking research. Craig and his research team are investigating changes that occur in donated, stored blood and whether these changes are harmful to critically ill patients. The results of the study may affect blood transfusion policies worldwide. The work being done by

Alan, Craig and many other colleagues at Western Health is essential to improving the health of our patients and the wider community.

Great research doesn't happen in isolation from others. We are continuing to grow our relationships with existing research partners and developing new ones. We have enhanced our links with our major academic partners by revamping the Terms of Reference for the Education and Research Partnership Committee. The Committee promotes collaborations across our onsite academic partners (University of

Melbourne, Victoria University and Deakin University). These important partnerships will continue to flourish, supported by the appointment of Professor Bodil Rasmussen as the new Chair of Nursing (Deakin University) and Professor Gustavo Duque as the new Chair of Medicine (University of Melbourne).

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

BREAKING NEW GROUND IN CLINICAL PRACTICE

The Western Centre for Health Research and Education (WCHRE) hosted the Melbourne West Hepatitis Forum in August 2015. Key local decision makers were brought together to galvanise action in relation to hepatitis, as Viral hepatitis rates in Melbourne's West are almost 350% higher than the state average.

Following this event Western Health has introduced a new drug treatment regime for Hepatitis C sufferers which has higher cure rates, fewer side effects and a much shorter treatment span.

The addition of this drug to the PBS scheme has meant that more patients now have access to more appropriate treatment options.

Western Health Hepatologist, Dr Ian Kronborg said "This is a breakthrough for the treatment of Hepatitis C in Australia. It will allow us to treat much larger numbers of people, giving us the potential to eliminate the disease in the community. Hepatitis C is now the most common cause of liver transplantation in Australia. Within two years, because of these new drugs, Hepatitis C won't be the most common cause of liver transplants, it will be alcoholism and obesity".

Patients at Western Health are already noticing the benefits of this new treatment. They take the combined drugs orally, as tablets, instead of injections, and the treatment time is much shorter.

Connecting with the West

The West is a region with strong community linkages and a well-developed history of partnership to address the substantial challenges it faces. We have worked closely with community health service providers and general practitioners over the past 12 months to improve continuity of care in the right setting, at the right time.

DEVELOPING HEALTHY AND ENGAGED COMMUNITIES

Western Health was 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.

Health Literacy is an important focus for the BHPW. Through the Maribyrnong Auxiliary and a Medicare Local grant, the Western Health Foundation supported the creation of a Patient Health Information Centre at Footscray Hospital in November 2015. The establishment of this centre follows on from the successful opening of a centre at Sunshine Hospital in September last year. Both centres are staffed by trained volunteers who help our patients find current and reliable information on a number of general health topics.

Our partnership with the North Western Melbourne Primary Health Network (PHN) generates opportunities to work with community providers to develop healthy and engaged communities. Over the past 12 months, we have collaborated with the PHN on program submission and development covering such areas as back pain management and assessment, cancer survivorship, and diabetes education and management.

"BAMS" – Back pain assessment and management service is an exciting new clinic that provides patients suffering from back pain with expert management in a community setting. The BAMS model of care involves a back pain assessment clinic directed by Western Health and management clinics conducted by Cohealth, all held at the Braybrook Community Hub. The initiative targets appropriate patients on the Western Health Neurosurgery wait list. Based on the triage information, patients are scheduled for a BAMS assessment with either an Advanced Practice Physiotherapist or a Rheumatologist. Benefits of the BAMS WH and cohealth collaboration include quicker access to specialized treatment and improved satisfaction for patients and other health professionals.



Community Partnership Program Participants, (left to right) Piper Macleod, Alana Piruccio, Julia Seymour and Caitlyn Crameri.

COMMUNITY PARTNERSHIP PROGRAM

Western Health's Community Partnerships Volunteer Program is a unique program that operates between local schools and our hospitals. Students spend time sitting and talking with patients, sharing their stories and also gain some understanding about the working environment of the hospital setting. Our patients benefit from this interaction and it also gives our community the opportunity to have a greater understanding of the services offered.

We currently have strong partnerships with Maribyrnong College, Copperfield College, Williamstown High, Wesbourne Grammar, Williamstown North Primary and Jackson School – to name just a few.

The Program has grown since 2014 to include special schools, trade based schools and primary schools, with over 250 students involved in the past year.

WORKING WITH GENERAL PRACTITIONERS (GPs)

We have supported GPs to improve their early detection of patients suffering from chronic kidney disease (CKD), thanks to a new software tool funded by the state Department of Health and implemented by Western Health. Results from the program reveal a 300% increase in the number of patients diagnosed with CKD and a large rise in those identified as having associated risk factors. General Practitioners at 22 primary care clinics in Melbourne's western suburbs used the software in an 18-month trial. In February 2016 we established the Western Chronic Disease Alliance, with Melbourne and Victoria Universities, the Primary Health Network and Kidney Health Australia to extend the CKD tool to take in diabetes and cardiovascular disease.

WORKING WITH PARTNER HEALTH SERVICES

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

Over the past 12 months, Western Health, Djerriwarrh Health Services and Werribee Mercy Hospital have jointly developed a regional maternity referral form that encompasses all maternity services within the area and can be used for Mercy Hospital for Women (Heidelberg). This means the one referral form can be completed and sent to any of the participating hospitals. The aim is to reduce the unnecessary duplication of forms required by GPs and ensure that comprehensive clinical information is included in the referrals to allow accurate and efficient triaging.

We also liaise with other health services to identify innovative programs that may be tailored to support the care of our community. One such program is the "Bridge of Support". This program connects women diagnosed with breast cancer to support and information that will help them to live well after their diagnosis, during their treatment, and beyond. Bridge of Support is a successful model of peer support that has been running at the Royal Melbourne Hospital for the last six years. BreaCan has an excellent reputation for providing highly skilled volunteers whose work complements that of health professionals. BreaCan is a service of Women's Health Victoria and offers information and support to women affected by a gynaecological or breast cancer, their families and friends. The project at Western Health will tailor the Bridge of Support model to meet the diverse needs of women living in Western Health's catchment area.



COMMUNITY OPEN ACCESS BOARD FORUM

A Primary Care and Population Health Committee (PCPHC) meeting dedicated to open access board discussion was held in June 2016 to provide the opportunity to specifically target engagement of PCPHC members and Health West partners in discussions with the Board and Executive on current opportunities for integrating/connecting care between hospital based and community settings. 38 people joined Board members for this event.

Planned activity that aligns with forum discussions is as follows:

- CALD assist application to be expanded to include simple nursing assessment (currently focused on allied health assessment)
- Implementation of interpreter use guidelines
- Prostate Cancer Shared Care Pilot to be implemented at Western Health in partnership with the Melbourne Primary Health Network
- As part of the HealthLinks pilot a centralised navigation team will be set up at WH which will serve as a central point of contact for patients who have been discharged
- Western Health has been funded to commence sending discharge summaries to the My Health Record (formerly the Personally Controlled Electronic Health Record) in 2016-17
- Expansion of the current GP messaging system to incorporate additional clinical information and enable sending to multiple providers (commencing with external specialists)
- Work on ensuring that chronic and complex patients are discharged with a copy of their discharge summary
- Further work with the Primary Health Network to support education of general practice in Advance Care Planning.

Using Data to Review Care

AUDITING CLINICAL PRACTICE

A major piece of work undertaken in the last 12 months is a complete review of our clinical audit schedule and a major overhaul of our procedure. As a health organisation we undertake many audits of clinical practice and we wanted to be sure we were measuring and monitoring the right things at the right time. A significant change was implementing an automated collection process using a mobile device. This supported a move to larger and broader audits that can be conducted 2-3 times a year to identify where the areas of risk or need for improvement are. This is called the "bedside point prevalence audit".

The audit has been designed to be used as a tool to:

- Identify gaps between our practice and procedures
- Stimulate discussion of results
- Prompt further investigation
- Drive change
- Improve clinician engagement
- Reduce organisational variation in compliance
- Increase transparency.

We have had positive feedback from auditors and department managers about the new framework. The audit reports have been used to identify areas for improvement on the wards and measure the impact of health service-wide initiatives such as implementation of the health service wide Assessment and Care Planning Tools described in the Person Centred Care section of this Report.

The mobile audit devices are easy to use and the revised schedule and automation of reports has reduced the time conducting audits. This frees up staff to spend more time on implementing improvements and other quality activities.



Western Health Clinical Nurse Consultant, Liz Scholes with Cardiogeriatric Heart Failure Service patient, Robert.



QUALITY INVESTIGATOR

As part of our engagement in the Department of Health and Human Service's sponsored 'Dr Foster Program', Western Health has continued to actively use 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 and length of stay.

The following projects are examples of improvement informed/supported by use of the 'Quality Investigator' tool.

CARDIOGERIATRIC HEART FAILURE SERVICE

Elderly patients with heart problems are being helped to avoid multiple readmissions to hospital thanks to the new Cardiogeriatric Heart Failure Service. Cardiology and aged care specialists at Western Health created the service to provide a better, co-ordinated approach to treating elderly heart patients in hospital and later, when they are discharged to their homes.

Nationally, about 25-35 per cent of elderly heart patients have multiple readmissions to hospital due to their complex needs. However, since Western Health developed the service, hospital readmission rates among elderly heart patients have dropped down to as low as 15%.

Patients and their carers get advice on how to avoid preventable incidents at home that often lead to a patient being readmitted to hospital. Specialist nurses teach patients and their carers how to avoid falls, manage their medications and fluid restrictions and to recognise early warning signs that their health may be worsening. Patients at home are able to phone a specialist nurse to discuss their concerns and the service provides a rapid-access clinic for patients.

"The feedback we've had from patients and carers has been very positive," Clinical Nurse Consultant of the Cardiogeriatric Heart Failure Service, Liz Scholes said. "They tell us how nice it is to be able to have a consistent person to speak to on the phone or in outpatients. "Patients are becoming more skilled at dealing with their chronic health conditions because we're giving them knowledge about their disease and strategies to manage it."

Support for patients' health needs following discharge has also been enhanced by the roll out of the Rapid Discharge Support Service (RDSS) at Footscray and Sunshine Hospitals. This service aims to break down social barriers preventing discharge home and bridge the gap between community services and inpatient units. The new service utilises trained carers through a local provider who, on short notice (under one hour) can provide care and transport for vulnerable adults upon discharge when they need more than just a driver.

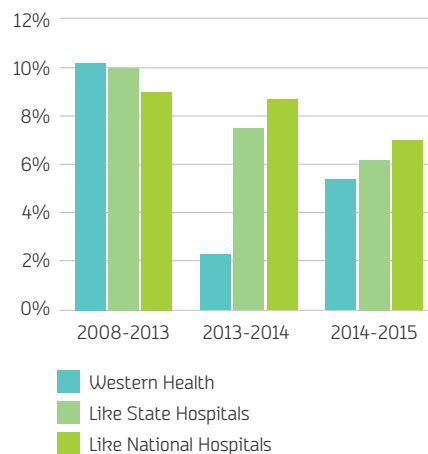
SURGICAL MORTALITY BENCHMARKING

The Victorian Audit of Surgical Mortality (VASM) seeks to review all deaths associated with surgical care. All surgery carries some risk and it is an unfortunate reality that sometimes patients do not survive surgery, or die after having a surgical procedure. The majority of these deaths are not preventable and occur despite surgery to overcome a life threatening condition. In some instances however death is an unexpected outcome of surgery for a condition that is not life threatening. It is especially important that the issues surrounding death in the latter group are studied to see

if similar adverse outcomes can be prevented. Western Health actively engages in this program and we use the findings to ensure the highest standard of safe and comprehensive surgical care is provided.

Western Health reported 464 cases to VASM between 1 July 2009 to 30 June 2015. There are 13 clinical indicators in regards to clinical management that are reviewed in each case, and as evidenced by the graph below, Western Health performs well when benchmarked against similar hospitals in the state with regard to low levels of delay to surgical diagnosis.

Audited Deaths with Delay in Surgical Diagnosis



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

- We have reviewed our approach to how we prescribe and manage the prevention of Deep Vein Thrombolysis and we have updated our procedures and medication charts as a result
- We have continued our surgical orientation program to improve education and training for all junior and senior doctors
- We have broadened engagement in our weekly mortality and morbidity reviews to include nursing staff, and other hospital areas
- We have reviewed our rapid response service and introduced a new MET call system and advanced care planning training for staff
- We have reviewed the surgical model to improve surgical pathways for patients.



PERINATAL SERVICES PERFORMANCE DATA

The Victorian perinatal services performance indicators report is developed to help improve outcomes for Victorian women and their babies. The report allows Western Health to track performance and trends across a suite of performance indicators, and identify priority areas for focus. 2013/14 data is the most recent available.

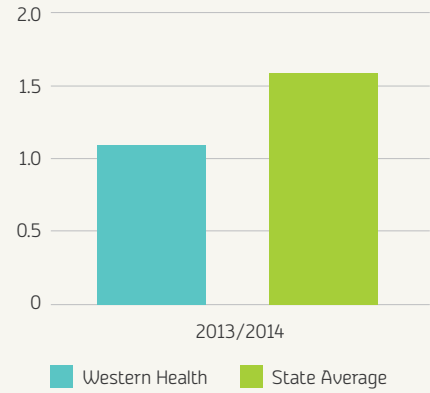
The Department of Health and Human Service has selected two indicators from the perinatal data set for routine performance reporting by all health services with a maternity service from the beginning of July 2016:

- The rate of single babies who have reached full term with an Apgar score of less than 7 at five minutes. Apgar is a quick test performed on a baby at one and five minutes after birth. The five minute score tells the doctor how well the baby is doing outside the mother's womb.
- The rate of severe fetal growth restriction (small for age) in single babies not born by 40 weeks.

The following graphs show data for babies born at Western Health in 2013/14 against these two indicators, noting that they compare favourably against State averages.

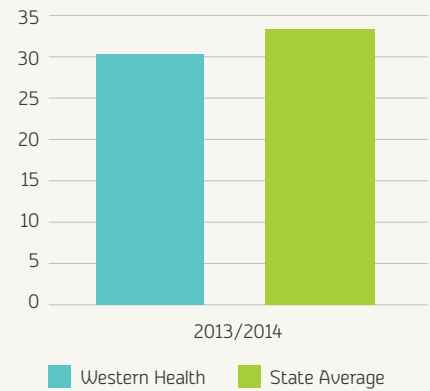
Rate of babies born with an Apgar score of less than 7 at five minutes

(aim: to be average to or less than the State average)



Rate of severe fetal growth restriction

(aim: to be equal or less than the State average)



In response to the full 2013/14 *perinatal services performance indicators* report for Western Health, and to ensure up-to-date practice in the review of perinatal outcomes we have:

- Established a Perinatal Loss Review Committee, with partners from across the region.
- Established a Perinatal Loss Co-ordinator role.



A patient receives reassurance from upper gastrointestinal surgeon, Dr Julian Choi.



“I feel safe”

SAFE CARE

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 often associated with a higher incidence of errors than other healthcare interventions.

Western Health has a Medication Safety Committee (MSC) to provide guidance and oversight in line with the National Safety and Quality Health Service (NSQHS) Standard 4. The aim of this standard is to ensure competent healthcare providers prescribe, dispense and administer medications to patients who are informed of their medications. During the March 2016 organisation wide accreditation survey, Western Health was assessed as compliant with this Standard by the Australian Council on Healthcare Standards (ACHS).

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

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

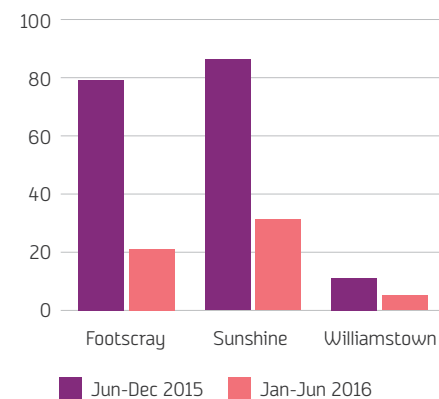
Key actions taken to improve safe use of medicines over the last 12 months include:

- Further development of Western Health's Digital Medical Record to include Patient Alerts, allowing critical clinical information about a patient such as known allergies to medications to be electronically stored and flagged to staff

- Periodic Medication Management Audit of all the clinical areas including prescribing, administering and storage
- Education sessions to all medical staff including junior doctors, nurses and pharmacists via:
 - Pharmacy Newsletter Medication Safety Articles
 - Memos
 - Medication Safety Alert
 - MSC at a Glance
 - Ongoing Ward Pharmacist Education & Centre for Education Co-ordination
- Regular monitoring of medication related incidents by severity and class
- Commencement of roll-out of an updated version of the National Inpatient Medication Chart.

The culmination of these efforts has resulted in a decline in errors, with an overall reduction in the number of high risk medication related incidents in the last twelve months, as shown below.

High Risk Medication Related Incidents



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.

Western Health has focused this year on improving systems for the Recognition and Response to Deteriorating patients across the Health Service.

OBSERVATION AND RESPONSE

The Observation and Response charts that record patient vital signs are an important part of identifying patients at risk of deterioration. There has been major education about chart use and the requirement to undertake listed actions when an abnormal observation is recorded. Observation and Response Charts have expanded with implementation of versions for Emergency Department, Maternity and Paediatric patients. Clinical documentation results show an 11% improvement in completion of the observation and response chart and also the escalation of abnormal patient observations.

RESPONSE TO DETERIORATION

We wanted to improve our response to deterioration and have a consistent approach across all campuses. After looking at best practice and consulting with other agencies, we revised our approach.

The revised Rapid Response System was implemented on 1 February 2016 at Footscray, Sunshine and Williamstown Hospitals.

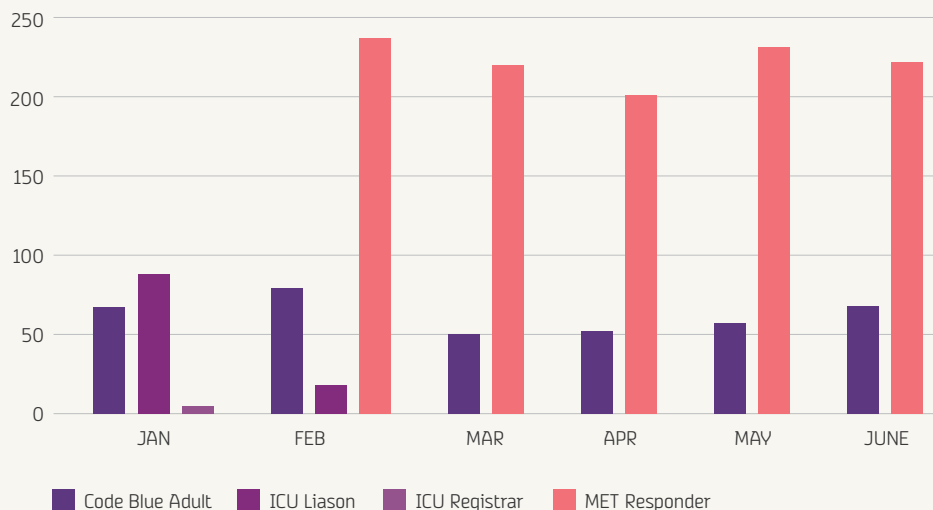
The revised system focuses on improving the use of an urgent review of patients with signs of early deterioration and calling the Medical Emergency Team (MET) if there is further deterioration. This consistent 24hr MET response has been well-used since implementation with over 200 calls being received per month since February.

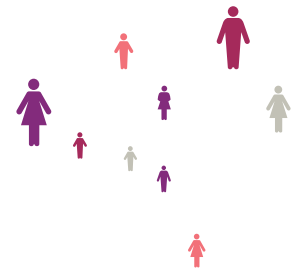
The graph below highlights the number of Code Blue calls a month compared to the number of MET calls, which are a sign of earlier intervention. The initial indications are that the revised System is supporting early identification of clinical deterioration and escalation is occurring to manage this. We are regularly checking in as to how the system is working and we obtain regular feedback on the Rapid Response to aid ongoing improvements in the way we manage deteriorating patients.

ENGAGING PATIENTS AND CARERS IN THE RECOGNITION AND RESPONSE TO DETERIORATION

A key focus of managing patient deterioration has been to develop staff understanding of the importance of the patients, families and carers role in noticing and voicing concerns in clinical deterioration. The collection and presentation of a carer's experience in seeking help when worried was a valuable tool in showing this. To support the patients and carers in their role of escalating care when worried, work has begun to develop a system that will allow a patient or their family or carer to independently make a call to a senior nurse when they have concerns that will trigger a patient review.

Number of Code Blue and Met Calls 2016





STAFF TRAINING

Over the last year, a multi-faceted training approach has been undertaken to review and improve our training for response to deterioration. The program offers skill enhancements for junior staff/early clinicians through to senior staff in recognition and management of the acutely ill patient and collaborative teamwork. Over the past year 159 Staff have participated in 12 programs conducted. The program supports the revised Rapid Response System.

In addition, Practical Obstetric Multidisciplinary Training (PROMPT) has been mandated for all maternity staff. Over the past year, the program has run monthly as interdisciplinary simulation training. The founder of PROMPT (Tim Draycott) selected Sunshine Hospital to host his new UPROMPT (Undergraduate Practical Obstetric Multidisciplinary Training) train. This one day training was conducted in August for medical and midwifery students including Federation, LaTrobe, Deakin and Victoria Universities.

At the start of 2016 our Centre for Education was successful in their application to be a Australian Resuscitation Council Centre (ARCC) with accreditation to run the Advanced Life Support (ALS) program.

Simulation training session.





Clinical Handover

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

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

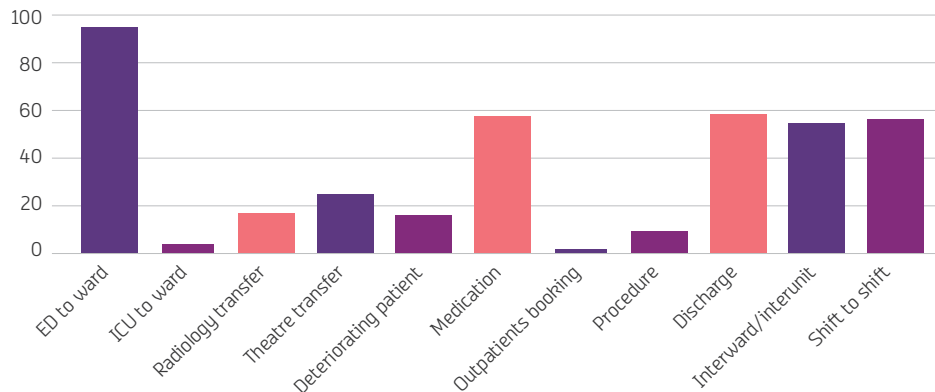
CLINICAL HANDOVER INCIDENTS

Clinical handover incidents can be related to multiple aspects of patient care. The following is a breakdown of reported clinical incidents from July 2015 to July 2016. It demonstrates the many different areas where clinical handover can affect patient care, and highlights the need for robust clinical handover processes.

DISCHARGE PLANNING

One of the most important points of clinical handover in the patient journey is when a patient leaves hospital. Patient Feedback data from our Victorian Health Experience Survey results and internal feedback highlighted to us that we have some work to do around what we do when we send our patients home.

Clinical handover incidents across the organisation July 2015 - June 2016 by type



Over the past twelve months, we have continued to focus on improving the timeliness and quality of our patient discharge summaries and the communication of 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.

Following the implementation of The *Steps to Quality Discharge Summaries Action Plan*, the percentage of discharge summaries completed within 48 hours of a patient's discharge improved from an average of 50% to over 70%.

Timely discharge summary communication to GPs is supported by our e-Health Gateway, an electronic data initiative commenced in May 2015 that sends patients' care information automatically to each patients GP. Twelve months on, 81 practices and 581 GPs have signed up to the Gateway, with positive feedback on its usefulness.

ELECTRONIC MEDICAL RECORD

The past year saw Western Health reach a critical turning point in its move towards a fully electronic medical record. We will now progress towards developing and implementing a comprehensive record that will support the communication of clinical information and support clinical decision making and electronic ordering of medications, pathology, imaging and more.

Preventing and controlling healthcare associated infection

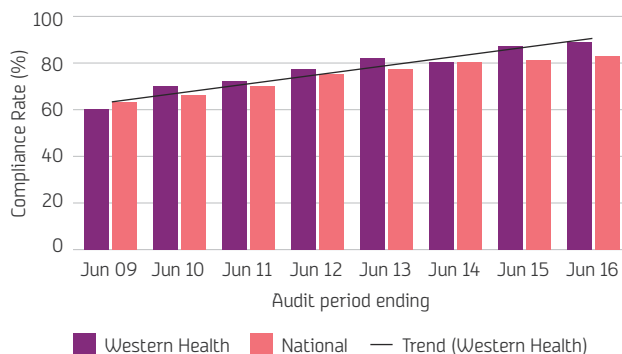
Western Health’s comprehensive infection prevention and control program is responsible for the monitoring, prevention and control of hospital acquired and or healthcare-associated infection. In the last 12 months our approach to infection prevention has been taken to a new level.

‘Infection Prevention is everybody’s business’ and Western Health is making sure this news is spread across all its hospitals through the use of 135 Link Nurses/Midwives. The Infection Prevention Link Nurses and Midwives are all trained auditors and infection prevention champions who spend a portion of their normal working hours on infection prevention matters within their ward. Their role is to increase awareness of optimal approaches to infection prevention and management.

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. Overall, hand hygiene compliance has generally been increasing across Western Health (Sunshine, Western, Sunbury and Williamstown hospitals) since 2009. This is shown in the graph below:

Hand Hygiene Compliance



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

- Audits of availability of hand hygiene product accessibility 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.

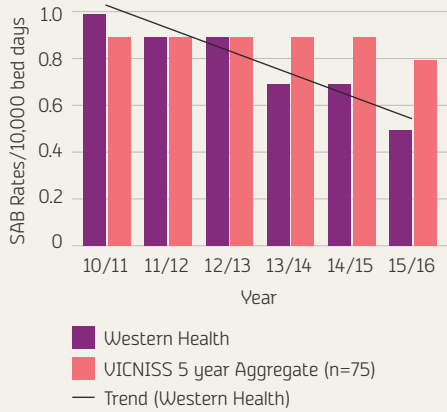
SAB infections are closely monitored by the Infection Prevention team. Every case identified is investigated and reviewed by clinicians to minimise all risks.

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

- Continued education on the 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 every 72 hours maximum.

The following graph shows that Western Health SAB rates have remained at or below the state aggregate for five consecutive years.

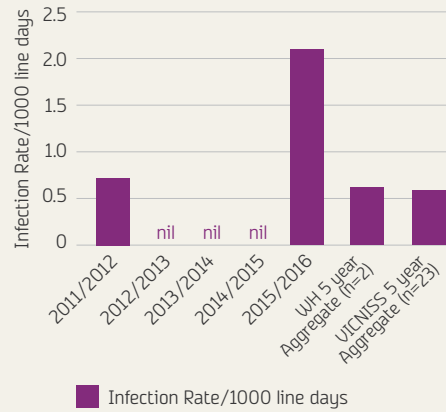
SAB rates



CENTRAL LINE BLOOD STREAM INFECTIONS IN THE ICU (CLABSI)

CLABSI are blood stream infections are usually associated with central lines used in hospitals and healthcare services. Post an increase in the Western Health Critical Care beds we have seen an escalation in our CLABSI rates during the embedding of this new service. This infection rate has since dropped and Western Health aims to have as few cases of Central line bloodstream infections as possible. However it is important to observe that Western Health remains within the state's 5 year aggregate as demonstrated by the VICNISS data. Western Health has set a zero CLABSI rate for all ICU patients.

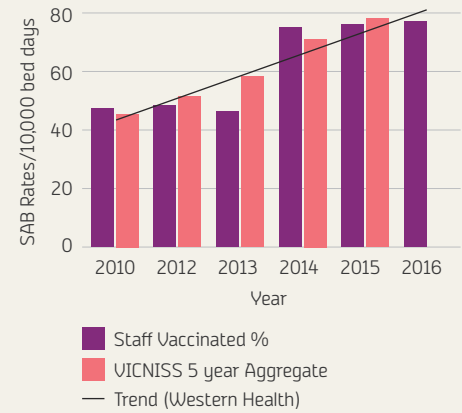
CLABSI Rates (2011/2012 - 2015/2016) Medical Surgical ICU



INFLUENZA PREVENTION PROGRAM

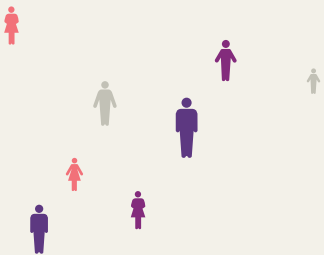
Healthcare workers may be exposed to, and transmit, vaccine-preventable diseases such as influenza. Maintaining immunity in the healthcare worker population helps prevent transmission of influenza diseases to and from healthcare workers and patients. A 75% immunisation uptake target was set for Western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

Influenza immunisation uptake by Western Health staff



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 hospitals' departments to minimize healthcare personnel inconvenience amongst others.





Patient Identification and Procedure Matching

Patient identification is an important safety process for ensuring the right patient receives the right care. A patient's identification will be checked by asking them to confirm their details on many occasions when coming to Western Health.

An example of this might be:

- When registering at the hospital through the Emergency or admissions department.

- Before receiving medication or a blood transfusion.
- Before an operation or procedure such as x-ray, CT, MRI.
- When care is being transferred to another clinician.
- When attending an outpatient appointment.

Over the past year, we took the opportunity to work with consumers to develop posters for display throughout Western Health to inform patients of the identification process. Posters were then translated into the ten most commonly spoken languages spoken in the West. An example of one of the posters is shown above.

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 blood products must be stored under carefully monitored and controlled temperatures and conditions to ensure that they are in the best condition when transfused to patients and that wastage from inappropriate storage is avoided. The Transfusion Committee has developed and implemented strict policies and procedures that detail the requirements for the storage and transport of all blood products. The requirements for correct storage and transport of blood products is included in orientation and education packages for our clinical staff and ancillary staff.

Additionally, blood products have a limited life span after which time they cannot be given to patients, for example 42 days for red blood cells and 5 days for platelets. For this reason, the Transfusion Committee works very closely with our pathology service provider (Dorevitch Pathology) to continually review the stock (inventory) of blood products we keep onsite. This is very important as not holding enough inventory could potentially put patients at risk and holding too much inventory increases the risk of wastage from expiry.

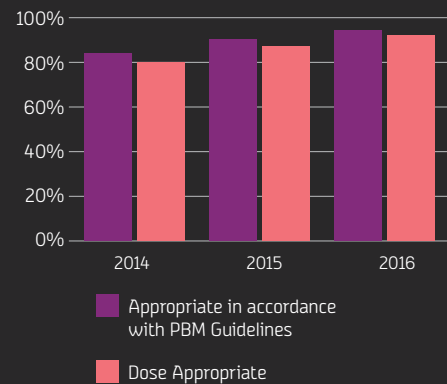
Wastage of blood products as a result of incorrect storage or expiry is monitored closely by the Transfusion Clinical Nurse Consultant in conjunction with the Dorevitch Pathology Laboratory Managers. Our wastage data is compared with state and national data to enable us to benchmark our performance and reported to the Transfusion Committee on a quarterly basis. In the March 2016 ACHS accreditation survey Western Health was awarded “Met with Merit” status for our monitoring, management and waste minimisation processes and practice.

As some patients have a personal objection to receiving blood products, the Transfusion Committee has developed a procedure and guidelines for the management of patients who decline blood products which incorporates alternative clinical options for treatment. As part of the development process we sought input from consumers, in particular the Jehovah’s Witnesses Hospital Liaison Committee, to ensure that our procedure and guidelines were meaningful and that the information was presented in an understandable way.

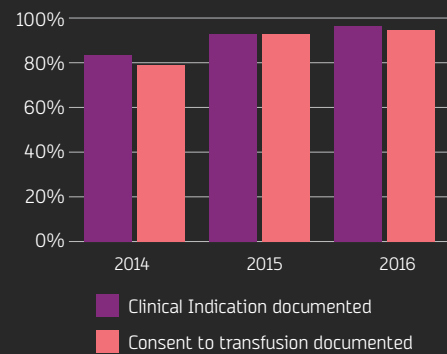
To enable us to evaluate our practice, the Transfusion Committee has implemented a comprehensive clinical audit program. The program includes audits of transfusion episodes to assess the clinical indication and appropriateness of the transfusion in accordance with National Patient Blood Guidelines, appropriateness of the prescribed dose and documentation that the patient has consented to the transfusion. Audit results are reviewed

by the Transfusion Committee to assess alignment with best practice and identify potential areas for improvement.

Audited Transfusion Episodes 2014, 2015 & 2016 (n=334)



Audited Transfusion Episodes 2014, 2015 & 2016 (n=930)





People Matter

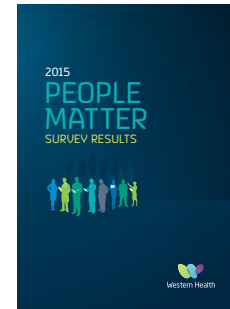
We provide our staff with the opportunity to have their say on a wide range of matters that relate to Western Health as a safe and productive workplace through participation in the statewide People Matter Survey.

All Western Health employees were invited to participate, with 1,762 employees completing the 2015 survey. This represents a 7% increase to the previous year's response rate.

The People Matter Survey addresses many areas, including patient safety. Results indicated Western Health rated above the state target and at or

above average for individual safety questions compared to comparator organisations.

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



PEOPLE MATTER SURVEY 2015 – PATIENT SAFETY

STATEMENT	WESTERN HEALTH	STATE TARGET
Percentage of staff with a positive response to safety culture questions (combined)	88%	80%
SAFETY CULTURE QUESTIONS	WESTERN HEALTH STAFF - % AGREEING WITH STATEMENT	RESULTS FOR COMPARATOR ORGANISATIONS (AVERAGE)
Patient care errors are handled appropriately in my work area	92	93
The health service does a good job of training new and existing staff	82	79
I am encouraged by my colleagues to report any patient safety concerns I may have	95	95
The culture in my work area makes it easy to learn from the errors of others	85	84
Trainees in my discipline are adequately supervised	86	83
My suggestions about patient safety would be acted upon if I expressed them to my manager	90	90
Management is driving us to be a safety-centred organisation	91	88
I would recommend a friend or relative to be treated as a patient here	85	82

IMPLEMENTING STRATEGIES TO CREATE A WORKPLACE CULTURE THAT FOSTERS AND ENCOURAGES EMPLOYEES

A positive workplace culture at Western Health is supported by translation of our values into action every day and recognition through our recognition program known as the INSPIRE Awards and via our Western Health Mentoring Program, with over 70 graduates to-date. Additionally, the undergraduate and graduate alumni and the Clinicians at the Helm program has resulted in over 105 graduates translating “class room learning” into bedside outcomes. “Custodians of Culture Training” was rolled out over the past 12 months to enhance our comprehensive training program which has supported 64% of our staff to have a nationally recognised qualification.

Over the past 12 months there has been emerging discussion (driven by a State-wide focus) on the treatment of Doctors within their own profession with regard to the reporting and management of bullying and harassment. Specific work has been undertaken with our medical workforce, with Chief Executive led think tanks held with both junior medical and senior medical workforce groups to identify issues, provide education, reinforce Western Health values and develop strategies to prevent and/or address unsafe behaviours.

The Think Tanks were well attended and delivered a great deal of material and data about the behaviours in the workplace, potential barriers to reporting poor behaviour and opportunities for ensuring a positive workplace in which we all can feel respected. An Audience with the Australian of the Year, David Morrison held at Sunshine Hospital for our

doctors and surgeons around bullying and harassment has also raised awareness and engagement of our doctors in a positive workplace.

Informed by the above activity, Western Health has developed and launched an organisation wide-strategy to “sustain a positive workplace”. This strategy applies to all staff working within our health service. 2016 People Matter Survey results will be used to establish benchmark data and enable us to understand what further improvements Western Health needs to undertake to sustain a positive workforce.

ENGAGING CLINICIANS IN REDESIGN

The Commission for Hospital Improvement, Redesigning Hospital Care program established the Junior Doctors’ Redesign program in 2011. In 2015, WH successfully obtained 12 months’ seed funding for the program. This created the opportunity for four Junior Medical Officers to rotate through the redesign program to gain knowledge and experience on improvement methods to local projects affecting their work. The program has:

- Built the skills and awareness of clinicians to enable them to drive service redesign and improvement
- Provided a platform for clinicians to tackle issues that they found frustrating in their day to day world
- Created a culture of innovation by changing how clinicians think
- Facilitated networking opportunities to support each other and share knowledge
- Developed skills and knowledge in leadership development and governance at WH.

The role was supported by the Quality, Safety and Patient Experience team and as a result we were able to undertake the following improvement projects:

- Junior Medical Staff wellbeing survey
- Clinical handover analysis through conversation and reflection
- Accreditation process engagement improvement from a medical perspective
- Inter hospital communication improvements – included switch board calls and pager information
- Out of Hours ‘night shift’ analysis which provided insights leading to the ‘Night Life’ program. This has led to a review of workload distribution and collegiate support for night shifts.
- Regular, collaborative communication mechanism with JMOs in the format of a monthly newsletter
- Medical education program influence eg: helped to design online learning modules and a review/update of JMO orientation program
- Clinical intervention in the management of venous thromboembolism (blood clots) with the review testing and establishment of better prevention practices.



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.

Paediatrician Dr David Krieser with a patient and her mother in the emergency department at Sunshine Hospital







Western Health



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St Albans VIC 3021
8345 1333

Sunshine Hospital Radiation Therapy Centre

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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

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Sunbury VIC 3429
9732 8600

Williamstown Hospital

Railway Crescent
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9393 0100

Drug Health Services

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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