

2016-17 VICTORIAN

QUALITY ACCOUNT

*Together with our community
we build healthier lives, inspired
by world class standards*



**Barwon
Health**

Where can I read the 2017 Quality Account or get a copy?

You can read Barwon Health's 2017 Quality Account in a number of ways:

- www.barwonhealth.org.au
- Facebook
- Request a hard copy by emailing comms@barwonhealth.org.au
- Pick up a hard copy at any Barwon Health site



WISE consumer reviewed August 2017.

Consumers:
Murray Macdonald
Elizabeth Thomas
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What is WISE?

WISE is Barwon Health's 'Written Information Simply Explained' program. WISE ensures all written information produced by for consumers is consumer reviewed prior to being made available to the public. Consumer representatives volunteer their time to participate in WISE consumer review clinics where they review consumer information. The consumer representatives make recommendations to improve the readability and usability of documents.

If you would like to get involved and provide feedback on Barwon Health's written information, please email consumer.rep@barwonhealth.org.au

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We, Barwon Health, acknowledge the Traditional Owners of the land, the Wadawurrung people of the Kulin Nation.

We pay our respects to the Elders both past and present.

We thank the Traditional Owners for custodianship of the land, and celebrate the continuing culture of the Wadawurrung people acknowledging the memory of honourable ancestors.

ABOUT BARWON HEALTH

Barwon Health is Victoria's largest regional health service serving up to 500,000 people in the Barwon South Western region.

We are a major teaching facility with links to Deakin University, The Gordon and other tertiary education facilities around Australia. Barwon Health's University Hospital Geelong is one of the busiest in Victoria. We provide care at all stages of life and circumstances through a range of services including emergency and mental health, aged care and rehabilitation.

Care is provided to the community through:

- One main public hospital
- An inpatient and community rehabilitation facility at the McKellar Centre
- Aged care through lodges at the McKellar Centre at its sites in North Geelong and Charlemont
- A total of 16 community-based sites at key locations throughout the region
- Outreach clinics

VISION

Together with our community we build healthier lives, inspired by world class standards.

VALUES

Respect

We respect the people we connect with

Compassion

We show compassion for the people we care for and work with

Commitment

We are committed to quality and excellence in everything we do

Accountability

We take accountability for what we do

Innovation

We drive innovation for better care

Barwon Health year in review 2016-17



21 sites



140,021
outpatients



576
people living in our
residential aged care homes



2,502
babies born



21,326
surgeries performed



997
beds across all sites
and levels of care



69,706
people attended the
Emergency Department



On average, our Emergency
Department treated
191 people per day

MESSAGE FROM THE BOARD CHAIR AND CHIEF EXECUTIVE

Welcome to Barwon Health's 2016-17 Quality Account.

The Quality Account is a report that allows health services to be accountable to the community by publishing information on how we are tracking in relation to quality and safety standards.

The vision of Barwon Health is to work with our community to build healthier lives, inspired by world class standards. In 2016-17, by working together with our consumers, stakeholders, staff and volunteers we have continued to work towards bringing our vision to reality.

As Victoria's largest regional health service, Barwon Health is a touch point for many families living in the Barwon

South West region, from the beginning of life until the end. Our priority is to ensure the care and experiences we deliver to the community are of the highest standards.

The Quality Account showcases the processes we have in place to review and improve our practices, ensuring our community has access to safe, high quality healthcare.

In this report, you will read about projects and strategies we have implemented over the past 12 months. A number of these strategies have led to improvements in patient experiences and care. They represent a snapshot of quality improvements underway across the organisation.

Highlights in this report include improved access to interpreter services for non-English speaking communities in the northern suburbs, the opening of the Paediatric Short Stay Unit at the University Hospital Geelong Emergency Department and new approaches to holistic care in the community health setting.

We hope you enjoy reading this report and we welcome your feedback.



Brian Cook
Board Chair
Barwon Health




Professor Ruth Salom
Chief Executive Officer
Barwon Health

How you can provide feedback about the Quality Account

Email: comms@barwonhealth.org.au

Send a message to Barwon Health's Facebook:
www.facebook.com/BarwonHealth

Phone our Consumer Liaison Office on
(03) 4215 1251



**STATEWIDE
PLANS AND
STATUTORY
REQUIREMENTS**



Barwon
Health
Midwife



1.1 SAFE AND CULTURALLY RESPONSIVE HEALTHCARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Koolin Balit is the Victorian Government's strategic direction for Aboriginal health to 2022. Koolin Balit means 'healthy people' in Boonwurrung language.

Koolin Balit sets out what the Victorian Department of Health and Human Services, together with Aboriginal communities, other parts of government and service providers, will do to achieve the government's commitment to improve Aboriginal health.

It brings together Victoria's total effort in Aboriginal health in an integrated, whole-of-life framework based around a set of key priorities.

The government's objectives are to:

- Close the gap in life expectancy for Aboriginal people living in Victoria
- Reduce the difference between the general population and Aboriginal people relating to infant mortality rates, morbidity and low birthweight
- Improve access to services and outcomes for Aboriginal people.

The most recent Australian Bureau Statistics census identified approximately 2,500 Aboriginal and Torres Strait Islander people living in the greater Geelong region; with the majority of this population aged between 0 and 30 years.

What are we doing to improve cultural responsiveness and safety for Aboriginal staff, patients and families?

Barwon Health has long been committed to developing collaborative relationships with local Aboriginal peoples, communities and organisations.

For the past 10 years Barwon Health and Wathaurong Aboriginal Co-operative have worked in partnership under a formalised Memorandum of Understanding to provide targeted and culturally appropriate healthcare services.

Between 2016 and 2017, Barwon Health recorded the following Aboriginal and Torres Strait health data:

- Over 1,200 emergency presentations
- Over 1,100 hospital admissions
- 53 Aboriginal babies born.

Through the Reconciliation Action Plan (RAP), Barwon Health identified the need for a senior leadership position to oversee and develop Aboriginal health and cultural responsiveness across the organisation.



The RAP outlines four culturally significant events throughout the year, all staff are encouraged to participate to enhance their cultural awareness and knowledge.

In 2016, Barwon Health collaborated with Western Victoria Primary Health Network for a National Aboriginal and Torres Strait Islander Day Observance Committee (NAIDOC) event to celebrate Aboriginal and Torres Strait Islander culture, history and achievements.

Meanwhile for the first time, the 2017 NAIDOC Week saw Barwon Health acknowledge and celebrate the achievements of non-Aboriginal staff and their contribution to Closing the Gap within their respective roles and departments. It is anticipated these awards will continue annually.

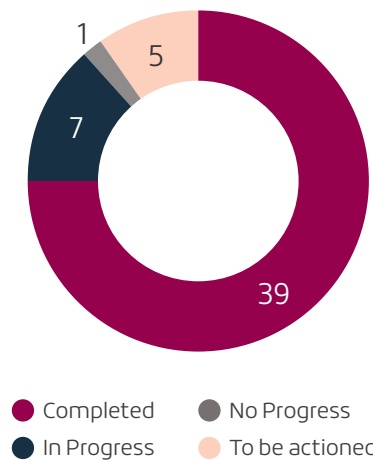
The three award categories included:

- *'Aboriginal Engagement and Participation' Award* - Recipient: Claire Geldard, Co-Director Womens and Childrens Services.
- *'Leadership and Governance in Aboriginal Health' Award* - Recipient: Home Based Rehabilitation Team – McKellar Centre.
- *'Innovation and Change' Award* - Recipient: Maree Townsend – Lifestyle Co-ordinator, Aged Care.

Barwon Health continues to work towards implementing and achieving the RAP initiatives.

It is anticipated by the end of 2017 the remaining three deliverables will be actioned; one of which is the development the next phase of the RAP journey "Innovate" Reconciliation Action Plan.

Reconciliation Action Plan Progress Table



The chart above shows Barwon Health has completed 39 actions outlined in the RAP.

RECONCILIATION ACTION PLAN 2016-17 HIGHLIGHTS

- Securing space for co-location of the **'family space'** and members of the Aboriginal Health team.
- Re-convening the **Aboriginal Health Advisory Gathering Group** with a revised Terms of Reference.
- Inclusion of the **'Acknowledgment of Country'** at the commencement of all meeting and events held at Barwon Health.
- Increase **identification** of Aboriginal and Torres Strait Islander patients.
- Development of an Aboriginal **'patient welcome pack'**.
- Review and renewed commitment to the **Aboriginal Employment Plan 2016-20**.
- Introduction of a **Cultural and Ceremonial Leave** Guideline.

Pictured: Barwon Health nurse and Aboriginal staff member Tanisha Cabales.



1.2 ABORIGINAL PUBLIC SECTOR EMPLOYMENT

Barwon Health continues to work towards Closing the Gap between Aboriginal and non-Aboriginal Australians through health, employment and Reconciliation.

From humble beginnings in 1982, employing one Aboriginal Liaison Officer, Barwon Health now employs 35 Aboriginal and Torres Strait Islander staff in various departments across the organisation.

In mid-2016, Barwon Health undertook a review of the organisation's Aboriginal Employment Plan, acknowledging advancements made in Aboriginal employment and the need to continue work in this area. While Barwon Health has not yet reached our internal Aboriginal employment target of one per cent, staff numbers have increased by 35 per cent since 2014.

Through the development and implementation of the organisation's inaugural Aboriginal Employment and Reconciliation Action Plans, Barwon Health is committed to successfully delivering the employment, cultural awareness, culturally appropriate care and community partnership arrangements outlined in these plans.

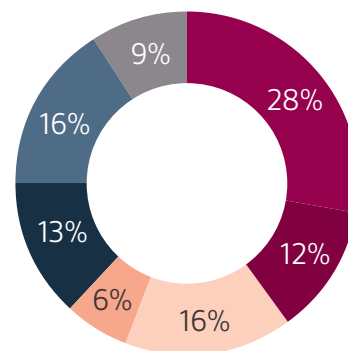
What are we doing to increase Aboriginal public health sector employment?

As the organisation completes its first Reconciliation Action Plan, Barwon Health hopes to gain Aboriginal health (employment and Reconciliation) champions at various levels throughout the organisation.

Barwon Health anticipate steady growth in Aboriginal employment during the remainder of the Aboriginal Employment Plan 2016-20 and are proud to have employed our first Aboriginal hospital medical officer in January 2017.

Barwon Health is currently developing a strategic pathway for Aboriginal medical students transitioning from university to the junior medical workforce and beyond, which we anticipate will see an increase of our Aboriginal medical workforce.

Current Aboriginal and Torres Strait Islander staff by Directorates



- Community Health, Rehabilitation and Palliative Care
- Corporate Services
- Enterprise
- Medicine, Specialist Medicine and Emergency Medicine
- Mental Health, Drugs and Alcohol Services
- Surgical and Critical Care
- Women's and Children's Services

The chart above is a breakdown of the directorates where current Aboriginal and Torres Strait Islander staff are employed.



DID YOU KNOW?

Aboriginal and Torres Strait Islander staff are employed in both identified and non-identified positions and in both clinical and non-clinical roles across Barwon Health. Positions range from nursing, Aboriginal health liaison officers, trainees, patient services assistants, cleaners, project officers, nursing and allied health cadets, a physiotherapist and occupational therapist, a junior medical officer, Aboriginal program manager and a Koorie mental health officer.

1.3 TRACING FAMILY HISTORY TO REDUCE CANCER RISKS

Barwon Health's Cancer Services program provides adults living in the Barwon South West region access to world class cancer treatment.

The service has state-of-the-art facilities, equipment and highly skilled health professionals who provide personalised treatment and care.

Chemotherapy, haematology and radiotherapy services are provided at the Andrew Love Cancer Centre and inpatient services are provided in Baxter Wing 6 at University Hospital Geelong. Some outreach clinics are available to people living in rural areas.

In line with the priorities in the statewide Victoria Cancer Plan, Barwon Health has taken a number of actions to improve cancer detection and treatment for patients:

Screening and early detection of cancer

For many years, Barwon Health has provided a service to families who are concerned about their genetic predisposition to cancer. This is a visiting service of trained genetic counsellors offering a monthly clinic. This will soon change to a weekly service to meet the needs of the community.

Monitoring consistency in the quality of treatment

The following processes are in place to ensure we are monitoring the consistency and quality of the treatment provided to patients:

Safety and quality program:

Discipline based presentations and discussions around issues, best practice and improvement projects and held bi-monthly. There is representation from both outpatient and inpatient cancer services.

Tumour stream pathway review meetings:

Monthly meetings rotating through the list of tumour stream specialties provided in Cancer Services. These meetings ensure the evidence base noted in documented treatment protocols is current and valid and that protocols in use are current best practice.

Mortality and morbidity meetings:

Bi-monthly case review meetings held involving case presentations from each discipline of haematology, medical oncology and radiation oncology on deceased patients or patients whose care requires discussion and clarification.

Improving patients' experience of treatment and care

In 2015, Barwon Health expanded its team of nurse coordinators to broaden coverage to all of the major tumour streams. Nurse coordinators meet patients and their families at the point of diagnosis and provide ongoing support, education and appropriate referrals to the supportive care team. In the context of increasingly busy medical clinics, this service provides access to a clinician at times when patients and families often need additional assistance.

Barwon Health's Supportive Care Centre opened in 2016, offering patients and their families access to a non-clinical space to relax whilst waiting for their appointment or undertake one of the many social and therapeutic activities on offer.

In 2018 the Andrew Love Cancer Centre Chemotherapy Day Ward and Oncology Pharmacy will undergo a significant redevelopment, giving patients more privacy and improved amenities whilst they are receiving treatment. It will also improve access to counselling for oral chemotherapy.

Barwon Health's Cancer Services is currently undertaking a data project that will provide in real time patient information about co-morbidities, family history and eventually patient reported symptoms (following treatment). Barwon Health will be one of a few cancer centres in Australia that will have electronic patient information available. A research project using this data is examining if there is a relationship between certain comorbidities, unplanned admissions to the emergency department and increased toxicity following treatment.

Service System Design

Barwon Health regularly reviews clinical and business processes to ensure that we are optimising patient care. We have an operational committee that oversees the business and clinical processes for medical oncology outpatient services. This committee regularly reviews issues that impact on the timeliness for quality of processes to ensure ongoing improvements. The data on waiting times for services is reviewed on a quarterly basis and identifies areas for improvement.

Wellbeing and support

Strengthening supportive care and self-management

Barwon Health provides a broad range of services that strengthen supportive care and self-management, including the following:

- yoga
- Look Good Feel Better program
- mindfulness and relaxation
- patient and carers morning tea
- hand and feet massage
- men's community kitchen
- crochet and art groups
- cancer-specific support groups.

Barwon Health also facilitates a Living Well After Cancer program in collaboration with the Cancer Council Victoria for patients following treatment as well as referring patients to support groups and external rehabilitation programs.

Research

Barwon Health has improved access to high quality cancer clinical trials at Victorian regional trial sites by:

- Increasing the research portfolio of available trials locally and expand further into early phase studies
- Through our participation rate of Victorian cancer patients in interventional clinical trials by establishing and being a part of the Victorian Regional Cancer Clinical Trial Network (VRCCTN).

Over the last 12 months, Barwon Health's Cancer Services continued to expand the research portfolio of early phase studies. This ongoing growth and development has meant patients have access to cutting edge therapies and ensures Barwon Health remains comparable to the larger metropolitan sites. Currently Barwon Health Cancer Services is in the process of implementing a Clinical Trial Management System clinical trial management system to allow robust financial tracking and workload planning for beginning of financial year 2018 and rolling out of web based portal to streamline document management.

Find out more about cancer services at Barwon Health by visiting: www.barwonhealth.org.au/cancer-services



CONSUMER,
CARER AND
COMMUNITY
PARTICIPATION



Mick
Barwon Health

VACCHO VAADA VACCHO VAADA



2.1 CONSUMERS: EXPERTS IN THEIR OWN HEALTH CARE



Barwon Health has a strong commitment to working in partnership with the community and encouraging participation in their own healthcare through the Consumer Representative Program.

The Consumer Representative Program brings the voice of the community to in the forefront through consumer participation on committees, project groups or reviewing patient information.

A consumer representative can be a former patient, carer, family member, volunteer, or someone who has had no experience or interaction with our health service.

In 2016-17,
69 consumer representatives
volunteered more than
5,700 hours
of support to Barwon Health.

In 2016-17 consumer representatives played an integral role in shaping the organisation's Health Literacy Strategy.

The strategy is a plan to guide the direction of the health service over the next five years and to build the capacity of consumers to participate in their healthcare.

Part of this exciting work included the development of consumer representatives as health literacy champions. Health literacy champions advocate for health literacy, and promote health literacy skills and activities with Barwon Health and the community.

The champions underwent training on a range of topics that could help people be participants in their healthcare journey. The training modules included:

- getting the most out of appointments with health professionals
- health terminology
- finding good quality information on the internet
- digital and eHealth literacy
- understanding Barwon Health and the health system
- health goals and decision making.

Whilst we are in the evaluation stage of the program we plan to use what we've learnt from this pilot in the five-year strategy to build a community who are actively involved in their care.



DID YOU KNOW?

We have 69 consumer representatives, 16 male and 53 female. Eleven of them speak languages other than English and as a collective they speak a total of 15 languages!

Pictured: Consumers (L-R) Murray Macdonald and Elizabeth Thomas review the 2016-17 Quality Account with Head of Patient Experience Samantha Marnell.

BEING YOUR OWN HEALTH GURU

In February 2017, Barwon Health hosted a free community information session to help support people wanting to find it easier to communicate with medical professionals.

Presented by Barwon Health and Deakin University Professor of Clinical Communication and End of Life Care Professor Peter Martin, the 'Be your own health guru' session included video and discussion on how to:

- get the right medical help
- prepare for appointments
- understand doctors/influence options for treatment
- understand and remember what was said, in order to tell family and carers about it.

This presentation followed on from a session on 'Getting the most from your medical appointments' hosted by Professor Martin in November 2016.



WHAT IS HEALTH LITERACY?

Individual health literacy is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and healthcare, and take appropriate action.



Professor Peter Martin's tips for participating in your healthcare

1. Consider writing a list before you see your health professional
 - a. This could list your symptoms
 - b. You can list your questions, your ideas of what the problem might be and even what you are expecting might happen during this consultation.
2. Ask to have something explained again or repeated.
3. Don't be afraid to ask questions: Ask what all the options are, what the benefits and harms are of each and what will happen if you do nothing.
4. Ask if there is a Decision Aid you can use to assist you before, during or after the consultation regarding your main health condition. Patient Decision Aids are tools that provide high-quality information about particular conditions.
5. Tell your health professional how your illness or problem(s) are impacting on your quality of life.

Photo: Professor Peter Martin

2.2 INTERPRETER SERVICES: BREAKING LANGUAGE BARRIERS IN HEALTH

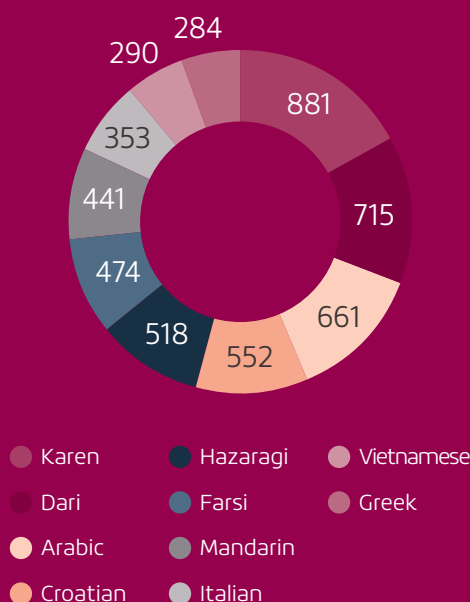
Coming into contact with a large health service can be a daunting experience for some people. Those feelings can be magnified for people from communities with non-English speaking backgrounds.

To build positive experiences and outcomes for consumers with different communication and language needs, Barwon Health only uses professionally qualified interpreters.

In 2016-17 there were **7,743** times where patients accessing Barwon Health services were assisted to communicate through interpreters and number of times a patient was assisted in communicating through the use of an interpreter in 2016-17 is consistent with the previous year.

Interpreters communicated with Barwon Health patients and doctors for **10,231** hours in 2016-17.

The top 10 language interpreter requests



The table above shows the top 10 interpreter requests at Barwon Health in 2016/17, demonstrating the need to support newly arrived communities and communities with a long-established presence in Geelong.

ghaw luh
a ghāy

Salam

Zdravo

مالس

Ciao

Χαίρετε

Nǐ hǎo



2.3 ACCESSIBLE HEALTHCARE FOR EVERYONE

Most people would agree that effective communication is fundamental to the quality of life of every individual. This applies across all cultures and facets of life, including those times in our lives when we require access to healthcare.

People with communication support needs however, are at risk of not being able to communicate effectively with healthcare providers and as a consequence, have their right to participate in their own care compromised.

WHAT ARE WE DOING TO MAKE OUR COMMUNICATION ACCESSIBLE?

In 2016, Barwon Health's Communication Access Advisory Committee launched a Communication Access eLearning tool aimed at helping staff learn approaches and techniques to support people with communication support needs.

This includes people who have a physical disability, brain injury, speech impairments, or simply understand limited English. The eLearning is for all staff, regardless of their role, because great communication is essential to everything we do at Barwon Health.

Funded through grants from the Estate of the late Teresa Mary Wardell and the Laurence G & Jean E Brown Charitable Trust via Perpetual's IMPACT Philanthropy Program, the eLearning has been developed through a community collaborative approach, with over 100 Barwon Health staff, volunteers, and consumers contributing to the design, or participating in one of the many workplace scenario videos and interviews that make up the eLearning.

In 2016-17,
114 staff
completed the
Communication Access
eLearning module.

Pictured: Speech Pathologist and eLearning steering committee member, Jen Bennett, with client, Gerry, who provided significant insight from a consumer perspective to assist with the development of the eLearning.



DID YOU KNOW?

Barwon Health was the first healthcare network in Australia to have its community health sites awarded with Scope's Communication Access Symbol. The Newcomb, Corio and Belmont community health centres all display the symbol, which is awarded to services that successfully meet the communication accessibility criteria and demonstrate preparedness to work with people who have a communication disability and communicate in ways other than speech. The symbol joins other universal symbols in providing instant recognition of businesses and services which provide access for people with a disability. Barwon Health's long term goal is make all of sites communication accessible.



2.4 BUILDING POSITIVE EXPERIENCES TOGETHER

The Victorian Healthcare Experience Survey collects, analyses and reports the experience of people attending Victoria's public healthcare services.

The Patient Experience Score is an overall figure that takes into account the response from patients about a series of questions relating to their Barwon Health experience.

Measurement of patient experience and reporting helps to improve the safety and quality of care in health services.

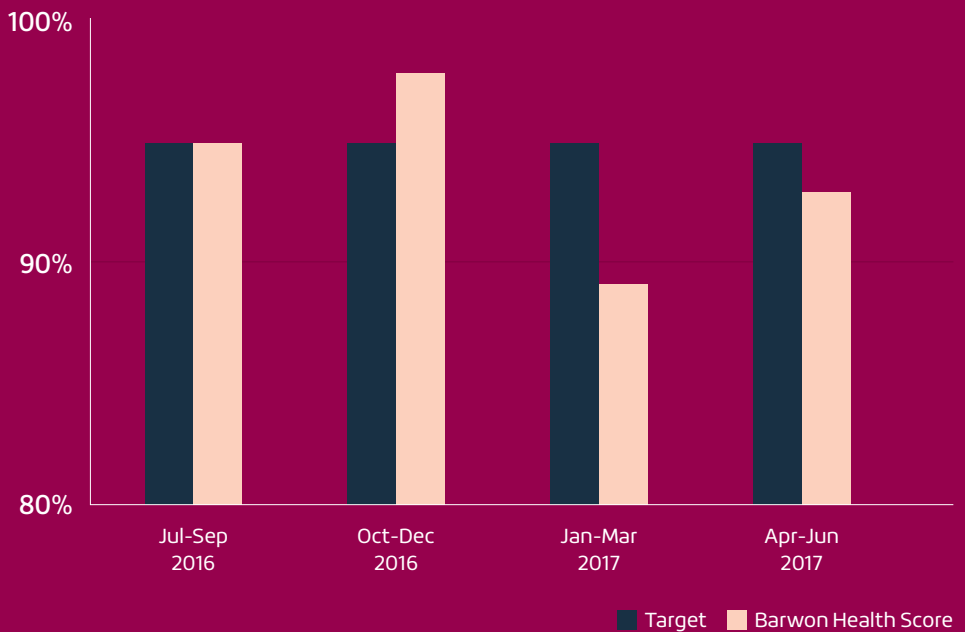
After a hospital stay or experience, patients are asked to provide feedback on the way staff communicated with them, cleanliness of the hospital, access to car parking and much more.

The Victorian Department of Health and Human Services expects that 95 per cent of the time, patients should rate their experience as positive.

In 2016-17, Barwon Health reached or exceeded the expected 95 per cent positive score two out of four times throughout the year. This is an improvement on the 2015-16 score where we failed to meet the target.

Themes that appear in patient feedback include car parking and people's experience of the Emergency Department.

OVERALL PATIENT EXPERIENCE SCORE 2016-17



This chart shows Barwon Health's (cream) performance against the Department of Health and Humans Services (DHHS) target (blue) for patients rating their experience in care. In quarters one and two we are above the target, while in quarters three and four we are below the target. This represents an improvement on the previous year, where we did not reach or exceed the DHHS target.

95%

Barwon Health reached or exceeded the expected 95 per cent positive score two out of four times throughout the year. This is an improvement on the 2015-16 score where we failed to meet the target.

HOW ARE WE IMPROVING HEALTHCARE EXPERIENCES?

Better car parking for parents

In 2016-17, Barwon Health seized an opportunity to build more carparks when a new helipad was built on the roof top of University Hospital Geelong, freeing up the land previously occupied by the old helipad. More staff utilising this new carpark also freed up spaces for patients and visitors in the multi-storey carpark on Bellerine Street.

Difficultly accessing parking for parents of children requiring hospitalisation was a consistent theme within feedback, so the increased availability of car parking through the helipad conversion provided an opportunity to improve access and contribute to the consumer's satisfaction and experience of Barwon Health's services.

Hospital visiting hours were also extended in 2016 with one of the aims being to decrease parking congestion at peak times.



New unit makes Emergency Department child-friendly

Feedback from families accessing the Emergency Department at University Hospital Geelong with their children highlighted that some felt unsafe or scared while waiting to be seen.

After in-depth consultation and planning, a Paediatric Short Stay Unit opened in April 2017 with a dedicated space closed off from the main Emergency Department and adult patients. The unit features four beds and three adjacent paediatric cubicles and means all paediatric admissions can be streamed into one area, and away from adult patients requiring emergency care.

The unit is staffed by paediatric medical and nursing staff and provides a child-friendly and non-threatening environment to treat young people.

Feedback from parents who have experienced the Paediatric Short Stay Unit with their children has been positive.

Pictured: Two-year-old Ella Giuliano pictured with brother Luca was one of the first patients to use the Paediatric Short Stay Unit.

2.5 ABORIGINAL HEALTH IS EVERYONE'S BUSINESS

Barwon Health is committed to increasing the cultural responsiveness of staff, in partnership with the Aboriginal community, and recognises this as essential in order to ensure Aboriginal people can access high quality and culturally appropriate care.

The Improving Care for Aboriginal Patients (ICAP) program was established to take a quality improvement approach on how services are developed, and changes are made, within health services.

Although Aboriginal families have equal access to publicly funded healthcare in Australia, they still face multiple barriers leading to under-utilisation of services despite their greater need.

Life expectancy still remains an issue for Aboriginal people, with Aboriginal people born between 2010 and 2012 estimated to have a life expectancy that is approximately 10 years lower than for non-Aboriginal Australians. The health of Aboriginal people, and their life expectancy, is affected by multiple factors including the processes of colonisation, government policies and practices, economic barriers and racism.

What are we doing to improve care for Aboriginal patients?

Barwon Health is committed to working in partnership with the Aboriginal community to improve the way we do things, improve identification of Aboriginal patients; and increase the cultural awareness of staff. Working effectively with Aboriginal patients is crucial if health professionals, health students and health educators are going to contribute to closing the health and life expectancy gap.

Barwon Health has three types of online cultural training available to staff - one designed for maternity staff regarding the provision of culturally appropriate birthing care, one for managers regarding employment and retention of Aboriginal staff; and a general cultural training course for all staff.

Through targeted promotion of these online cultural training modules by the Aboriginal Health team, completion rates of these e-learning tools have soared and nearly 4,000 staff have completed the tools.

Aboriginal health staff have provided face-to-face training for different health cohorts throughout the organisation and more than 500 staff and volunteers attended these training sessions in 2016-17. Each training session has been tailored to the needs of the group and feedback from participants has been extremely positive.



Pictured: (L-R) Aboriginal health staff members Mick Ryan and Casey Ritchie deliver cultural awareness training to staff across Barwon Health.



Our Country



Arrente



Yorta Yorta & Taungurung



Yorta Yorta



Gunai Kurnai

Ngarrindjeri & Gunditjmara

OUR VALUES / RESPECT / COMPASSION / COMMITMENT / ACCOUNTABILITY / INNOVATION

Through targeted promotion by the Aboriginal Health team, nearly

4,000 staff

have completed Barwon Health's online cultural e-learning tools.



2.6 OPTIMISING INTERPRETER USE

CORIO COMMUNITY HEALTH CENTRE

Understanding basic health information and services is important in order for people to make appropriate health decisions.

Research shows people who speak a primary language other than English are at a higher risk of suffering from poor health, which means high quality interpretation of health information is vital.

Barwon Health's Corio Community Health Centre provides care to a high rate of non-English speaking clients, and a large number of those clients come from a refugee background.

What have we done to optimise interpreter use?

To ensure clients are able to access high quality interpreter services, a project group reviewed the model of care and developed a strategy to establish one full

clinic day for a Karen interpreter and two full clinic days for an Afghani interpreter who spoke Farsi, Dari and Hazeragi.

The project was a three month trial and the positive benefits resulted in the new model becoming permanent.

Having an interpreter onsite all day has supported cross-cultural learning, built confidence in the community with many dropping in on the day to ask questions of the interpreter and improved the interpreters' knowledge of services available at Barwon Health.

Results

The project provided improved health literacy and access to services for clients from newly arrived as well as established culturally diverse community groups.

The following key results detail the improvement of service access for clients from these language groups:

- Streamlined booking for clients requiring interpreting services.
- The Karen and Afghan and Iraqi communities are confident that someone who speaks their language is available to provide assistance for service questions on particular days.
- Ability to place reminder calls to clients in their primary language, supporting the reduction of did not attend rates by five per cent since the commencement of the model.
- Building our skilled workforce knowledge base and partnership with on call interpreters.
- A significant monthly cost saving in ongoing interpreter costs which was redirected into improving local resources.

Pictured: (L-R) Interpreter Toto Ganemy-Kunoo, Corio community health nurse Alison Ragg and client Rocket Shellday.

NATIONALITY LANGUAGE	AFGHAN			BURMESE	Total number of clients seen with an interpreter	As a percentage (%)	Average number per month	Average number per week
	HAZARAGI	FARSI	DARI	KAREN				
DISCIPLINE								
Refuge Health	47	21	39	66	173	32	29	7
Physiotherapy	31	14	20	36	101	19	17	4
Dietetics	19	13	22	9	94	13	16	4
Diabetic Educator	20	5	19	10	54	11	9	2
Podiatry	18	3	11	19	51	10	9	2
Psychology	14	1	19	9	43	9	7	2
Social Work	12	8	9	2	31	7	5	1
Total number of clients seen with interpreter	161	64	139	151	547	100	91	23
As a percentage (%)	29	12	25	28	100			

The table above summarises the number of clients seen with an interpreter across all primary care disciplines over a six-month period during the project.



**QUALITY
AND SAFETY**





3.1 LISTENING TO THE COMMUNITY

Feedback about Barwon Health's services is important as it shows what is working and where we as an organisation need to do better.

We seek feedback in a number of ways such as surveys, consumer stories, consumer engagement activities, social media and the Consumer Liaison Department where complaints are handled.

Complaints go through a process of acknowledgement, review and then a response back to the feedback provider. Part of the process involves working with the feedback provider around how they would like to receive the response; it might be in writing, or a conversation takes place.

In 2016-17, Barwon Health received 4,118 pieces of feedback. The feedback is recorded as either positive, or negative or as a suggestion.

The way we communicate with patients was a theme of negative feedback received in 2016-17 and featured in 15 per cent of complaints throughout the year.

2016-17 feedback


2554
POSITIVE


576
SUGGESTIONS


1058
NEGATIVE

What are we doing to improve communication?

- Introducing iValidate – Barwon Health's iValidate program was developed to improve person-centred, end of life care by teaching communication skills to health professionals, providing a process of care, and understanding community values.
- The Communication at Triage Project used feedback from patients and their loved ones visiting the Emergency Department to provide specific training to improve communication. The Emergency Department sees more than 70,000 presentations annually – more than 191 people a day. The Emergency Department is one of the most critical and in many cases the first contact point a person may have with Barwon Health.
- Barwon Health and Deakin University made a joint appointment of Professor Peter Martin to the role of Professor in Clinical Communication and End of Life Care. The role is integral in developing the communication curriculum within Deakin University's medical degree and support staff development at Barwon Health.
- A Consumer Stories project has helped bring the community's voice and experiences into healthcare in the form of video. Giving patients and their loved ones an opportunity to be part of training and educating staff, the stories told enable staff at all levels of the organisation to learn from the consumer about their experience. People are invited to share their experience, talk about what worked, what didn't and where we could improve. Over the last 12 months more than a quarter of the workforce and Barwon Health Board members have heard patients share

HOW YOU CAN PARTICIPATE

Our Consumer Representative Program also provides great partnership opportunities for the community who can be a voice in projects, on committees and in reviewing information written for consumers.

To find out more about the Consumer Representative Program email consumer.rep@barwonhealth.org.au







experiences in our healthcare system and used that information to help inform how they practice the care they provide.

- If you would like to go on the register of potential stories about care at Barwon Health send an email with 'Consumer Story Interest' in the email subject line to clo@barwonhealth.org.au

How to provide feedback

There are a number of ways to provide feedback and make suggestions about the safety and quality of services provided at Barwon Health.

You can write or call the Consumer Liaison Office to give feedback about your health experience:

-  (03) 4215 1251
-  www.barwonhealth.org.au
-  P.O. Box 281, Geelong VIC 3220
-  CLO@barwonhealth.org.au
-  facebook.com/barwonhealth
-  twitter.com/barwonhealth

Pictured: A staff member watches former client Heather's consumer story. This new project of sharing consumer experiences is helping train and educate our staff.

3.2 OUR STAFF MATTER



The People Matter Survey is a public sector employee opinion survey run by the Victorian Public Sector Commission.

The survey gives our people the opportunity to express their views on how our shared public sector values and employment principles are demonstrated in their organisation by colleagues, managers and senior leaders. The survey also measures the level of staff engagement and job satisfaction.

Our 2016 People Matter Survey identified that 23 per cent of Barwon Health respondents have experienced bullying, an increase of three per cent since 2014. Bullying and harassment is not tolerated at Barwon Health. Efforts to create a healthy and safe workplace for all is a priority.

Our biggest opportunity lies in prevention and there is no better way to address bullying and harassment than by preventing it from occurring in the first place. We need all staff and volunteers to demonstrate the Barwon Health values of respect, compassion, accountability, innovation and commitment in every action and interaction.

How are we improving workplace culture?

In December 2016, Workforce and Culture held a Manager Conference: *Creating a Healthy and Safe Workplace* as a first engagement with department leaders to increase awareness on the issues related to bullying and harassment. More than 180 Barwon Health managers and leaders were in attendance.

Workshops were facilitated by Workforce Relations, Workforce and Safety, Workforce Development and StaffCare, the organisation's confidential health service for staff. The workshops covered topics including, applying safety leadership to manage workplace bullying, looking after yourself and how to have difficult conversations.

The intention of the conference was to raise awareness of bullying and harassment and to equip the leadership group with tools to promote positive workplace behaviours.

In May 2017, Barwon Health made a new commitment to stamping out discrimination, bullying, and sexual harassment in collaboration with the Royal Australasian College of Surgeons (RACS).

The two parties signed a Memorandum of Understanding, outlining a shared commitment to effective collaboration and sharing information to facilitate quality specialist medical training in a safe environment.

The MOU provides the framework for a shared understanding of the relationship between Barwon Health and RACS, while responding to the need for a clear and mutual understanding of the roles and responsibilities of each party.

A culture change program will also be implemented at Barwon Health in late 2017. This program will not only improve staff engagement, but is expected to bring substantial benefits for Barwon Health's business performance whilst contributing to improved clinical outcomes and patient experiences.

PATIENT SAFETY - PEOPLE MATTER SURVEY 2017 - % AGREE	
Patient care errors are handled appropriately in my work area	76
This health service does a good job training new and existing staff	66
I am encouraged by my colleagues to report any patient safety concerns I may have	84
The culture in my work area makes it easy to learn from the errors of others	70
Trainees in my discipline are adequately supervised	65
My suggestions about patient safety would be acted upon if I expressed them to my manager	78
Management is driving us to be a safety-centred organisation	78
I would recommend a friend or relative to be treated as a patient here	79

Above: Staff responses to patient safety questions and the percentage of staff who agree with each statement.

Pictured: Surgical registrars Gausihi Sivarajah and Yit Lean.

3.3 STAFF SAFETY AT THE FOREFRONT

Barwon Health’s Workforce Safety team provides innovative and professional safety partnerships with the aim of preventing workplace injury and supporting a culture of safety throughout the organisation.

Workforce Safety facilitates the Occupational Health and Safety (OHS) Management System which contributes to making Barwon Health a safe place to work.

What have we done to improve staff safety?

Several key actions have been undertaken to improve the safety of staff in 2016/17, including:

- The implementation of leadership safety walks to:
 - Proactively identify health and safety issues.
 - Increase engagement between senior leadership and staff.
- Restructure of OHS Committees and Health and Safety Representative (HSR) structure to allow for improved consultation on employee safety matters.
- Introduction of a new OHS KPI framework to improve visibility and accountability of OHS performance.
- The formation of the Barwon Health Occupational Violence and Aggression Working Group.

- The development of an Occupational Violence and Aggression Action Plan to address key risk areas.
- Approval of a behavioural assessment room in the Emergency Department.
- Approval of a mobile duress system for community workers.
- Increased security presence in the Emergency Department.
- Development of a Bullying and Harassment Action Plan in line with the recommendations from the Victorian Auditor General Report into Bullying and Harassment in the Health Sector.
- Development of a Bullying and Harassment Risk Management Framework.
- Implementation of monthly reporting to the Board regarding bullying and harassment.

Stakeholder collaboration within the Barwon Health Occupational Violence and Aggression Working Group, which includes Barwon Health managers, health and safety representatives, union representatives, WorkSafe and Victoria Police has opened better communication lines, particularly with Victoria Police and their Geelong Liaison Officer. This relationship has promoted a more supportive environment for staff to report OHS and episodes of assault to police.



3.4 IMPROVED SAFETY FOR COMMUNITY HEALTH STAFF

In the community health setting, the People Matter Survey results showed a rise in the number of community health staff performing home visits who felt unsafe. These results were supported by an increase in incident reports submitted by community health staff experiencing threatening behaviours.

What are we doing to improve safety for community health staff?

Barwon Health has responded by investigating suitable safety devices for healthcare workers. Four external organisations have provided demonstrations to staff of the capability and functionality of the devices.

In addition, Barwon Health is developing and updating guidelines to support the workers’ level of safety in the community and delivering education to staff on the use of the mobile safety devices.

Pictured: Community nurse Michael Buckingham.

3.5 ACCREDITATION

Barwon Health is required to meet a number of healthcare standards measured and recognised by independent external accreditation assessments.

The following standards were assessed in 2016-17.

1. National Safety and Quality Health Service Standards (NSQHSS)

Barwon Health completed an organisation wide surveillance audit in 2016 against the following standards:

- ✓ Standard 1: Governance for Safety and Quality in Healthcare
- ✓ Standard 2: Partnering with Consumers
- ✓ Standard 3: Preventing and controlling Healthcare Associated Infections
- ✓ Standard 4: Medication Safety
- ✓ Standard 5: Procedure Matching
- ✓ Standard 6: Clinical Handover
- ✓ Standard 7: Blood and Blood Products
- ✓ Standard 8: Preventing and Managing Pressure Injuries
- ✓ Standard 9: Recognising and Responding to Clinical Deterioration in Acute Healthcare
- ✓ Standard 10: Preventing Falls and Harm from Falls

All actions within these standards were met, with five actions achieving the “Met with Merit” status.

2. National Standards for Mental Health Services

Mental Health, Drugs and Alcohol Services completed an accreditation audit in October 2016 against both the National Safety and Quality Health Service Standards and the National Standards for Mental Health Services. In addition to the 10 NSQHSS, the mental health service was assessed against 10 additional standards:

- ✓ Right and Responsibilities
- ✓ Safety
- ✓ Consumer and Carer Participation
- ✓ Diversity Responsiveness
- ✓ Promotion and Prevention
- ✓ Consumers
- ✓ Carers
- ✓ Governance, Leadership and Management
- ✓ Integration
- ✓ Delivery of Care

3. Aged Care Standards

- ✓ An audit was held at residential aged care facilities Wallace Lodge and Blakiston Lodge in August 2016 and in Percy Baxter Lodge in September 2016.

All 44 expected outcomes were met in all facilities.

Pictured: Barwon Health nurse Felicity Donaghy.



3.6 PREVENTING HARM IN HEALTHCARE

All Barwon Health staff have access to an internal incident reporting system called Riskman enabling them to document harmful incidents and ensure they are reviewed.

An 'incident' is an event or circumstance that resulted in, or could have resulted in, unintended and/or unnecessary harm to a person, or property loss/damage.

In 2016-2017, there were 17,125 incidents reported. Of these, 12,109 were related to patients and classified as 'clinical incidents'. All clinical incidents reported are rated for severity, coded, and distributed to relevant managers and Barwon Health personnel.

Approximately 98 per cent of clinical incidents reported were rated as minor to no harm reaching the patient. These incidents were reviewed so that trends are monitored and areas of concern are identified.

The number of incidents reflects an **excellent reporting culture** by Barwon Health staff.

Clinical incidents that cause significant harm account for approximately two per cent of reported incidents and each incident is formally reviewed. The review identifies if there were preventable factors that caused the incident to occur, and if so, the incident was classified as an adverse event.

When a significant incident is confirmed as an adverse event, an action plan is developed which includes a delegated person responsible and a timeframe in which to complete the action.

In 2016-2017, **0.6%** of all clinical incidents reported were identified as preventable significant adverse events.

There were 0.17 preventable significant harm incidents per 1,000 overnight bed days in sub-acute services, and 0.19 preventable significant harm incidents per 1,000 overnight bed days in acute services.

The top five themes associated with these adverse events were:

- pressure injuries
- falls
- policy/procedures
- infection
- medication

The themes identified each have a committee made up of health professionals, specialists and a consumer representative to review each adverse event. The committees make recommendations to change models of care, develop and review policies and procedures, implement education and training, initiate prevention strategies and monitor trends.

3.7 HEALTHCARE ASSOCIATED INFECTIONS



DID YOU KNOW?

Respiratory viruses can easily be spread to hospital patients who are already susceptible or ill. Unless it is absolutely necessary, please consider whether you are healthy enough to visit.

Pictured: ICU nurse Jo Betrus with her life-sized cut-out, who can be found around our sites reminding visitors to come back another time if they're not feeling well.

i. Preventing and controlling healthcare-associated infections

Staphylococcus aureus bacteraemia (SAB) is a serious bloodstream infection that may be associated with hospital care.

The Victorian Department of Health and Human Services (DHHS) target is to achieve below two per 10,000 occupied bed days (OBD).

In 2016-17, there were two Intensive Care Unit (ICU) central line-associated blood stream infections. This equates to a rate of 0.6 per 1000 central line device days. The Victorian Department of Health target aim is for zero infections. Barwon Health's current rate of 0.6 is amongst the lowest rates in all Victorian ICUs.

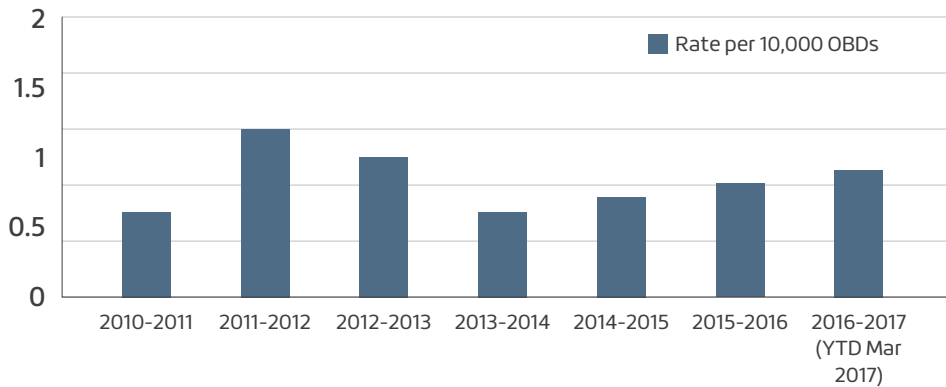
What are we doing to improve?

During 2015-2016, efforts to reduce the risk of causing blood stream infections centred on a quality improvement project to standardise practice of peripheral intra-venous catheter insertion and maintenance. This project's aim to improve aseptic practice has continued to be embedded into routine practice of staff conducting this procedure through observational audit and feedback.

ii. Medication safety

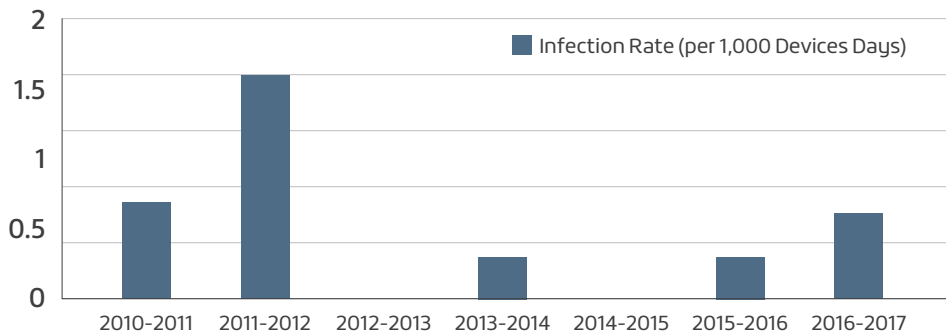
Medicines are the most common treatment used in healthcare. Although appropriate use of medicines contributes to significant improvements in health, medicines can also be associated with harm. Because they are so commonly used, medicines are associated with a higher incidence of errors and adverse events than other healthcare interventions.

SAB INFECTION RATE



The table above shows that the SAB rate from July 2016 to 31 March 2017 was 0.9 per 10,000 (OBDs), below the DHHS target.

ICU CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTION



The table above shows in 2016-17, there were two ICU central line-associated blood stream infections.

Medication management involves prescribing, dispensing, administering and monitoring medicines. It is complex and involves several different healthcare professionals. Safe processes and practices are required for all activities in the medication management pathway, to ensure that the right medicine is given to the right patient at the right time.

Barwon Health has a Medication Safety Committee to ensure processes are in place to reduce and where possible, prevent medication errors. The committee is made up of doctors, pharmacists and nurses from all areas of Barwon Health. The committee

oversees new procedures, responds to medication safety alerts, ensures staff have access to medicines, education and information, and reviews serious medication related errors to ensure processes are in place to prevent reoccurrence.

Nearly 10,000 Barwon Health patients were treated with injectable cancer treatments in the last year. All of these treatments were prescribed, manufactured, released and administered using an electronic oncology information management system (CHARM). CHARM is the central communication tool used by all doctors,

nursing and pharmacy staff involved in the provision of injectable cancer treatments; and provides an evidence based guideline for prescribing cancer treatments. CHARM is governed primarily by the oncology pharmacy, responsible for managing user access, coordinating education for new users and coordinating strong governance processes that support the system, including:

- Thorough and documented multidisciplinary clinical review of any new cancer treatment protocol prior to being loaded into CHARM for prescribing to patients
- Monthly multidisciplinary tumour stream pathway review meetings where all relevant active protocols are reviewed for safety, currency and activity
- Pathway review meetings also include revision of all protocols for dose modifications, discontinuations and relevant documentation and evidence for such activity.

iii. Preventing falls and harm from falls

Barwon Health is committed to preventing falls and harm from falls. However, despite our best efforts some patients experience a fall whilst in hospital and unfortunately, some falls result in significant harm such as broken bones or head injuries.

Falling is a leading cause of why many patients present to emergency departments. Research has shown that approximately half of patients who attend emergency departments as a result of a fall will have another fall within the next six months. To try and reduce the number of falls, Barwon Health has focused on trying to 'catch them before they fall'.

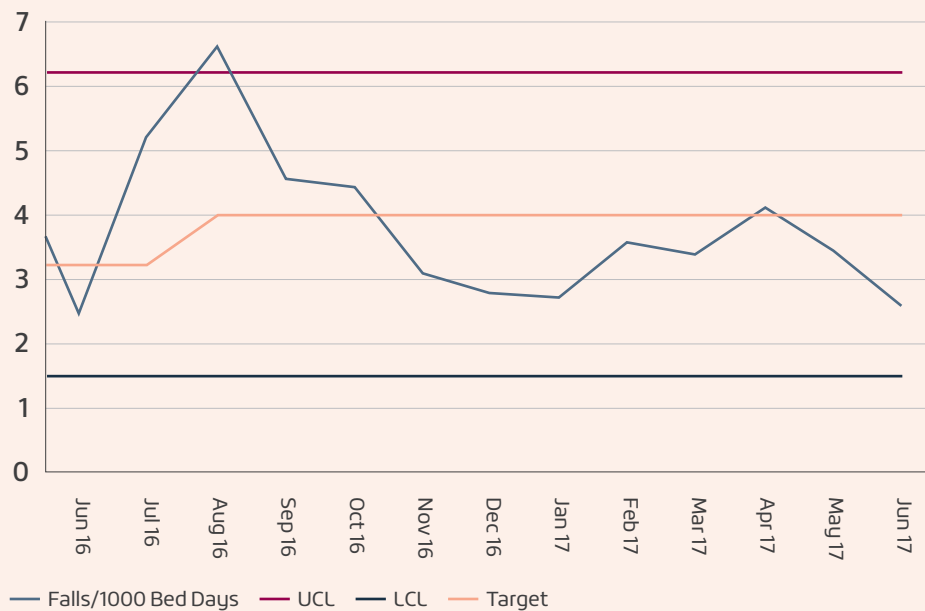
What are we doing to prevent falls?

There has been a significant reduction in the number of falls reported in University Hospital Geelong over the last 12 months. One reason for the reduction in falls is healthcare teams; doctors, nurses, physiotherapists, occupational therapists and pharmacists working together with patients and their carers to develop a fall prevent plan.

Physiotherapists, occupational therapists and nurses with expertise in falls prevention have facilitated informal and interactive education sessions for community groups throughout the year on falls prevention strategies, including simple environmental modifications aimed at keeping people on their feet.

A physiotherapist, occupational therapist and one of our consumer representatives also facilitated a one hour session on local radio station 94.7, The Pulse's Roads to Recovery program. The focus for this one hour session was on where falls commonly occur and risk factor modifications that can reduce the risk of falling.

UNIVERSITY HOSPITAL GEELONG FALLS / 1000 OBDS



There has been a **significant reduction**

in the number of falls reported in University Hospital Geelong over the last 12 months.

iv. Pressure injury prevention and management

Patients most at risk of pressure injuries on the skin, also known as bed sores, are those who are bed bound and are not able to move around freely and independently.

What are we doing to prevent pressure injuries?

Barwon Health has employed a number of measures to assist in reducing the risk of pressure injury to patients including:

- Purchase of heel wedges, which are placed under the feet to take the pressure off heels when in bed.

- An extensive education and training program has been implemented, which includes case studies of patients with pressure injuries. This has been delivered to medical, nursing and allied health staff.
- The Pressure Injury Committee undertook an extensive review of the practices in place to reduce pressure injury risk. This has prompted a review of the assessments we use to detect patients most at risk of developing a pressure injury as well as the roles of the multidisciplinary team, patients and their carers in pressure injury prevention.
- A poster was developed by our wound care consultant which has assisted staff to identify the different stages of pressure injuries as well as what treatment options are available.
- The pressure injury prevention and treatment manual is undergoing a review to ensure it includes the latest techniques to prevent and treat pressure injuries.

v. Safe use of blood and blood products

Intravenous Immunoglobulin use at Barwon Health

Intravenous (IV) immunoglobulin (Ig) is made from human plasma which is one of the components of human blood. Plasma contains antibodies which help the immune system to function properly. IVIg is given to patients whose immune system is not functioning properly, often required lifelong.

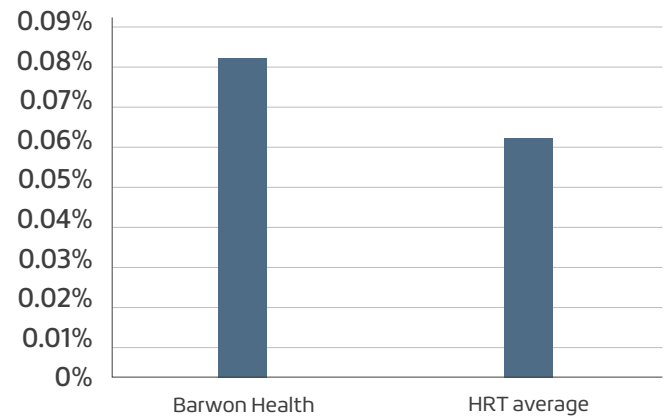
Some of the uses of IVIg are severe neuropathy, prevention of infection in patients with malignancy, in pregnancy for mothers with low platelet count, in children to replace missing immunity or reduce an overactive immune system.

With growth averaging 11 per cent annually across Australia, in 2015-16 national governance arrangements were developed and implemented to ensure the use is equitable and sustainable. University Hospital Geelong has implemented these arrangements, including a national

PATIENTS CAN REDUCE THE CHANCE OF A PRESSURE INJURY BY:

- Moving around in the bed, thereby taking pressure off every couple of hours
- Walking around if able
- If sitting out of bed, ask for a cushion to sit on. Standing to reduce pressure every hour or so
- Carers can help by reminding their loved ones to move as above.

HEALTH ROUND TABLE PRESSURE INJURY INCIDENCE AS A PERCENTAGE OF ADMISSIONS



The graph above shows Barwon Health's percentage of incidence is 0.02 per cent higher than the average of similar hospitals.

electronic authorisation request system- BloodSTAR which was implemented in September 2016.

A large proportion of our blood use at University Hospital Geelong is giving IVIg monthly to our patients.

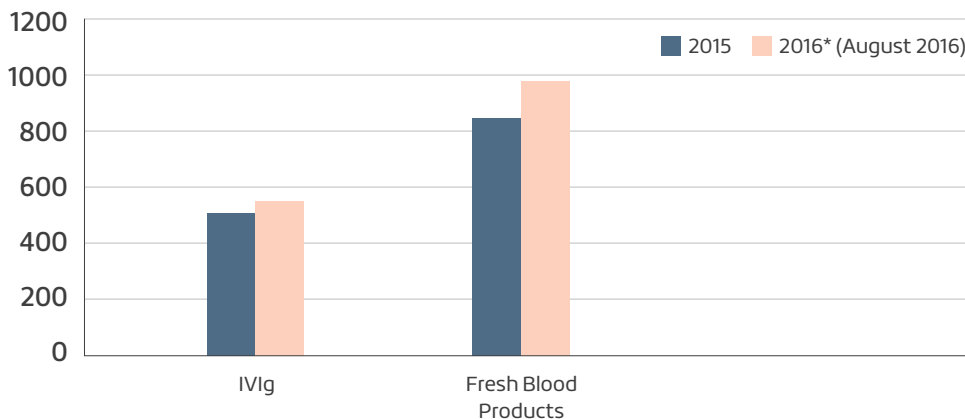
What are we doing to promote safe use of blood and blood products?

At University Hospital Geelong, day ward clinical areas are responsible for administering IVIg to over 90 patients each month.

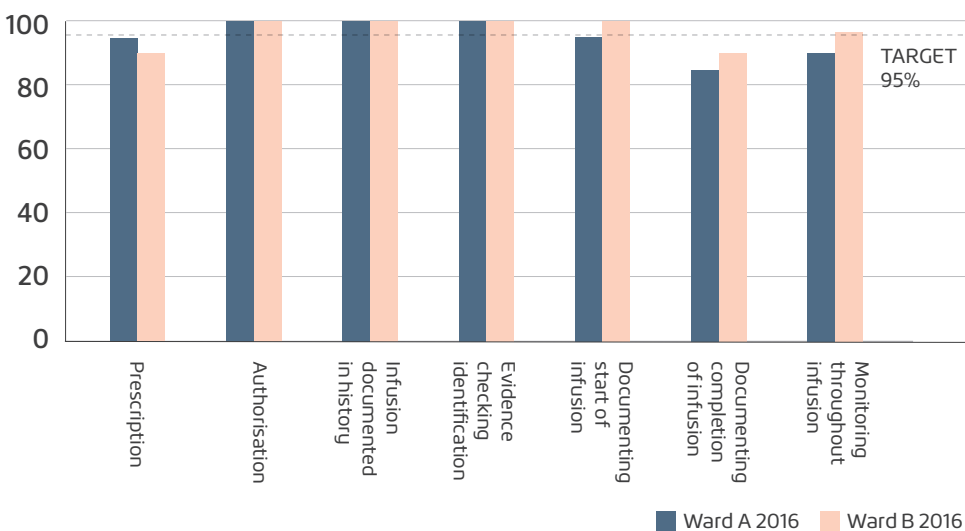
The administration process in these areas is monitored through clinical auditing and overseen by the Hospital Blood and Blood Products Committee. These areas have demonstrated improvement in 2015-16 and strive to provide excellence in care for patients receiving IVIg.

Ongoing education and support is provided to these services by transfusion clinical nurse consultants to ensure safe administration and ongoing supply of this important blood product.

USE OF BLOOD AND BLOOD PRODUCTS AT UNIVERSITY HOSPITAL GEELONG



IVIg



Barwon Health staff had the highest number of donations in the 2017 Victorian Australian Red Cross Health Services Blood Challenge. Barwon Health recorded 149 donations, equalling 447 lives saved.

Plasma donations are considered 'gold' to support the use of IVIg for patients who will often require it lifelong. Australia Red Cross Blood Service collects donations of plasma. To donate or for further information visit www.donateblood.com.au

Pictured: Barwon Health Emergency Department nurse Katie is a regular blood and plasma donor at the Geelong Donor Centre.

3.8.i HAND HYGIENE COMPLIANCE

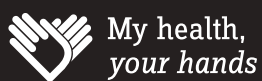
Hand hygiene remains the single most important action to reduce the risk of hospital associated infections. Compliance to hand hygiene is submitted to the Victorian Department of Health and Human Services three times a year with a target of 80 per cent.

In 2016 -2017 overall hand hygiene compliance at Barwon Health remained consistently over the 80 per cent target rate.

Five Moments for Hand Hygiene

Hand hygiene is one of the single most effective ways to prevent the spread of infection in hospital.

- 1 Before touching a patient
- 2 Before a procedure
- 3 After a procedure or body fluid exposure
- 4 After touching a patient
- 5 After touching a patient's surroundings



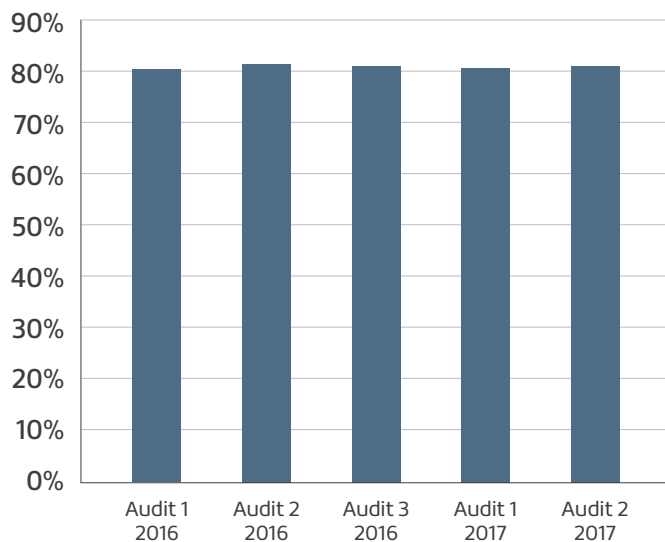
What are we doing to maximise hand hygiene compliance amongst staff?

- Hand hygiene alcohol-based hand rub is available at all patient points of care
- In 2016-2017 an extensive trial of differing alcohol-based hand rub products was conducted to ascertain a staff-preferred product
- Observational audits of hand hygiene compliance in the majority of clinical areas was conducted a minimum of three times per year
- The number of trained observational hand hygiene auditors was increased
- Observational audit results are fed back to all areas in a timely manner, available the day after audit completion

- Hand hygiene compliance results are made available via the Barwon Health intranet and posted on unit Quality Boards
- There is continuing support from Barwon Health leadership for the hand hygiene program, supporting improvement initiatives and providing achievement awards
- There is continuing high rates of staff completing hand hygiene education on a three yearly basis via either an online package or throughface to face sessions with an infection prevention clinical nurse consultant.

The Five Moments for Hand Hygiene continues to be stipulated in all clinical procedures and assessed in clinical simulation activities. It remains the core ideology to reduce the risk of infection spread within Barwon Health.

HAND HYGIENE COMPLIANCE RATE 2016-2017



The table above shows Barwon Health was consistently above the 80 per cent target rate for hand hygiene compliance in 2016-17.

3.8.ii BOOST IN FLU VACCINE NUMBERS

Barwon Health encourages all healthcare workers to participate in the annual influenza vaccination program and offers the vaccine to anyone who wishes to prevent getting influenza.

Widely known as the flu, influenza can cause significant illness in vulnerable people, such as those with low immunities and the elderly.

Facts about influenza:

- Influenza, or flu, is a common seasonal infection. It causes epidemics every year throughout the world. It's a viral infection and people will often be sick for up to a week.
- Symptoms can include fever, body aches and a cough and some cases can lead to hospitalisation.
- The flu vaccine cannot cause the flu because it's not a live vaccine. You may get minor reaction to the flu vaccine, which is usually a sign that your immune system has been activated and usually a good sign you're protected.
- Using good hand hygiene prevents spread of the flu.

The flu vaccination uptake of Barwon Health staff for the 2017 season was

82.8%

This is an

increase of 6%

from last year's figure of 76 per cent and well above the Department of Health and Human Services' benchmark of 75 per cent.

Pictured: Immunisation nurses Trish Carlyle and Di Larcombe prepare to give a baby RotaTeq, which protects against Rotavirus.



DID YOU KNOW?

The Barwon Health immunisation Service working under contract for the City of Greater Geelong (COGG) provides immunisation services to all residents in the Greater Geelong region.

The service provides free to the public all vaccines on the National Immunisation Program Schedule including infant, pre-schooler, secondary students and adult vaccines. For more information email immunisation@barwonhealth.org.au or call (03) 4215 6962



3.9 PERINATAL SERVICE PERFORMANCE INDICATORS



There are a range of indicators relating to care before, during and after birth. We compare our performance with all other public health services within Victoria. These results are reported annually by the Department of Health and Human Services and the most recent report relates to the 2015-16 year.

One important measure in the report is the percentage of babies who are extremely undersized (severe intra-uterine growth retardation [IUGR]) not delivered by 40 weeks. These babies are at much higher risk if they are delivered after 40 weeks.

For babies with severe growth restriction, we delivered 41.3 per cent after 40 weeks gestation. This represented a deterioration from the previous two years. However, during 2016-17 we have made a number of changes to improve our performance in this area, including increased education and training to identify IUGR babies and implementing a new guideline for better performance. We have subsequently monitored our performance and in the 2016-17 year, our rate fell to under 30 per cent.

One indicator that showed an improvement in the 2015-16 report was the percentage of women who successfully had a vaginal delivery after previously having a caesarean section (Vaginal Birth After Caesarean [VBAC]). This requires careful planning to ensure that it can be done safely. In 2015, a special VBAC clinic was started for this group of women and during the **2015-16 year, 64.2 per cent of women who planned for a VBAC were able to do so.** This was a 24.2 per cent improvement against results from 2013-14.



Maternity delivers new website

In collaboration with patients and staff, Barwon Health launched a Maternity Services website in April 2017.

The website is a resource for families to use on their pregnancy, birth and postnatal journeys and offers valuable information and insight into the care and services provided by Barwon Health and allows staff to access resources and educate families using mobile devices.

Former patients, families and maternity staff were involved in the project, which began more than 18 months ago.

Co-Director of Women's and Children's Services Claire Geldard said there was previously limited information about our maternity service for patients and staff on the internet.

"We felt our site was lacking and we could improve it for tech-savvy consumers on an online platform," she said.

"Now it covers all information, from early pregnancy to taking the baby home and the first weeks of the baby's life.

"We can update information in a timely way and we can respond to feedback from staff and consumers.

"We find it's now much easier to engage with consumers in all settings and it's good for people with non-English speaking backgrounds.

"It's the result of a lot of hard work from staff balancing their existing workload to build this website."

View the website here:
www.barwonhealth.org.au/maternity-services

3.10 SURGICAL MORTALITY REVIEW

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.

Barwon Health has received a hospital report from VASM covering the period 2012-16. The audit of surgical mortality (489 cases) shows that our hospital is tracking at or below the state and national average with cases of mortality being generally related to emergency, comorbid and the elderly.

Only 12.9 per cent of cases were subjected to a second line assessment compared with 16.9 per cent across the state and 13.1 per cent nationally. Emergency Laparotomy and Fractured Neck of Femur are two of the common diagnoses leading to death and University Hospital Geelong rates are below the state average for Emergency Laparotomy (four to six per cent) and at the state average for fractured neck of femur (five per cent). Delay, decision making and perioperative care offer the best opportunities to improve care from areas of concern, consideration or adverse events identified.

An area where Barwon Health can improve is the use of intensive care (6.2 per cent of those who did not receive it). Another is fluid balance (eight per cent of audited deaths). There are good levels of consultant supervision and DVT prophylaxis was sound. Data obtained through Dr Foster or Health Round Table show our mortality rate after elective surgery is low compared with the state average and also mortality in low diagnostic groups (these are not all surgical). Only 2.8 per cent of mortalities were in ASA 1 and 2 patients.

Surgical care at Barwon Health is generally safe and effective. The surgeons and the hospital subject all mortalities to peer review in order to improve care. The deaths mainly affected high risk groups of patients. Eighty six per cent of deaths affected patients presenting as emergencies. The average age of those who died was 81, higher than the state and national averages – 74 years. Some of this age effect may be influenced by University Hospital Geelong not providing an in-patient neurosurgical service but it also reflects a high proportion of retired people living in the hospital catchment area.



NEW HEART SURGERY OFFERS QUICKER RECOVERY

An innovative and minimally-invasive heart surgery has cut recovery time for people in Geelong and western Victoria.

Barwon Health is Victoria's only regional health service to offer the TAVI (transcatheter aortic valve implantation) procedure, which is reserved for cases where a standard surgery has greater risks.

Clinically fragile patients requiring aortic valve surgery can have the TAVI operation without stopping the heart from pumping, reducing the impact on their body.

The surgery is performed under general anaesthetic and allows patients to recover without intensive care, going home after an average of three days

instead of the typical eight-day recovery and two-week rehabilitation period following an open-heart bypass surgery.

Cardiology Director Chin Hiew said Barwon Health introduced the procedure in April 2015 and now does the surgery twice a month, working collaboratively with a cardiac surgeon.

"Patients who require aortic valve surgery previously needed an open-heart bypass surgery, but TAVI can implant a new pre-mounted valve via a catheter through a small insertion in the groin or chest," he said.

"For the community of Geelong and south-west Victoria, this is exciting news because such a procedure was only available in Melbourne.

"We have introduced a multi-disciplinary team to assess patients referred with systematic severe aortic stenosis, looking at how they will recover, to make the best recommendation for the patient."

Pictured: Cardiologist Chin Hiew performs the minimally invasive TAVI procedure with his team.

3.11 AGED CARE

Barwon Health offers a comprehensive residential aged care service to the Barwon South West community, providing access to 370 residential aged care beds across Alan David Lodge, the McKellar Centre and Percy Baxter Lodge.

Providing the Barwon region population with access to high quality, safe and affordable services is a priority of the Aged Care Directorate at Barwon Health, and therefore it actively monitors its services against the following five public sector residential aged care quality indicators:

- pressure injuries
- use of physical restraint
- use of nine or more medications
- falls and fractures
- unplanned weight loss.

The tables opposite indicate our performance against the targets set by the Department of Health and Human Services and provide a comparison guide against performance with over 180 public health providers across the state of Victoria.

All sites at Barwon Health performed well in the use of physical restraint, physical restraint devices and within range of Stage 1 and Stage 2 pressure injury rates per 1000 bed days across the service.

Falls averaged across the service were in range at 9.32 falls per 1000 bed days however did not meet targets, with higher outcomes given the physical and psychogeriatric nature of the McKellar Centre clientele. All sites experienced some level of falls related fracture against a universal target of zero, with rates remaining stable from 2015-16 and consistent in the context of rates across all public services for the 2015-16 year.

Significant weight loss and unplanned weight loss did not meet the range or targets again this year, however rates per 1000 bed days results have improved in comparison to 2015-16 across both indicators.

Reducing rates of medication usage

Multiple medication prescribing and administration is highly prevalent within the residential aged care environment across the world, with research indicating it can potentially lead to unintended consequences from adverse drug reactions through to hospitalisations.

It is important to note that multiple medication prescribing is not always inappropriate and may often be necessary, particularly to manage multi comorbidity. Each medication should therefore be assessed for its overall risk and benefit with consideration for individual goals of care by the resident with their GP.

Maintaining our performance against range and targets in nine or more medications continues to be challenging to manage within the Barwon Health service, with rates higher than the range or target consistently since the measures and monitoring were introduced. However, all sites did experience a reduction in the rates of multiple medication usage in comparison to 2015-16 data, with Alan David Lodge and The McKellar Centre presenting below rates in comparison to state wide benchmarks this year.

This improving result is through a consistent process of diligence that supports:

- Onsite medication chart auditing.
- Individual resident medication profile reviews by accredited pharmacists.
- Communication with General Practitioners regarding review outcomes.
- Participation from across the Multi-Disciplinary teams within the Aged Care Directorate Pharmacy meetings.
- Barwon Health representation within the Quality in PSRACS reference group.
- Participation in research programs reviewing multiple medication usage with residential aged care.

2.11.1 PRESSURE INJURIES PER 1000 BEDDAYS				
	UPPER LIMIT	TARGET	YTD ACTUAL 2016/17	ALL PSRACS - Q4 YTD
McKellar Centre				
Stage 1	0	0	0.64	0.32
Stage 2	0	0	0.99	0.38
Stage 3	0	0	0.09	0.05
Stage 4	0	0	0.01	0.01
Percy Baxter Lodges				
Stage 1	0	0	0.21	0.32
Stage 2	0	0	0.21	0.38
Stage 3	0	0	0	0.05
Stage 4	0	0	0	0.01
Alan David Lodge				
Stage 1	0	0	0.45	0.32
Stage 2	0	0	0.58	0.38
Stage 3	0	0	0.19	0.05
Stage 4	0	0	0	0.01

2.11.2 USE OF PHYSICAL RESTRAINT PER 1000 BEDDAYS				
	UPPER LIMIT	TARGET	YTD ACTUAL 2016/17	ALL PSRACS - Q4 YTD
Intent to restrain				
McKellar Centre	0	0	0	0.24
Percy Baxter Lodges	0	0	0	0.24
Alan David Lodge	0	0	0	0.24
Physical Restraint Devices				
McKellar Centre	0	0	0.8	0.52
Percy Baxter Lodges	0	0	0	0.52
Alan David Lodge	0	0	0	0.52

2.11.3 MULTIPLE MEDICATION USE PER 1000 BEDDAYS				
	UPPER LIMIT	TARGET	YTD ACTUAL 2016/17	ALL PSRACS - Q4 YTD
9 or more medicines				
McKellar Centre	3.5	2.1	4.09	4.49
Percy Baxter Lodges	3.5	2.1	6.24	4.49
Alan David Lodge	3.5	2.1	3.76	4.49

2.11.4 FALLS AND FRACTURES PER 1000 BEDDAYS				
	UPPER LIMIT	TARGET	YTD ACTUAL 2016/17	ALL PSRACS - Q4 YTD
Falls per 1000 beddays				
McKellar Centre	0	3.3	11.87	7.56
Percy Baxter Lodges	0	3.3	6.06	7.53
Alan David Lodge	0	3.3	10.02	7.53
Fall related Fractures per 1000 beddays				
McKellar Centre	0	0	0.19	0.16
Percy Baxter Lodges	0	0	0.21	0.16
Alan David Lodge	0	0	0.1	0.16

2.11.5 UNPLANNED WEIGHT LOSS PER 1000 BEDDAYS				
	UPPER LIMIT	TARGET	YTD ACTUAL 2016/17	ALL PSRACS - Q4 YTD
Significant weight loss (>3kgs)				
McKellar Centre	0	0.2	1.36	0.83
Percy Baxter Lodges	0	0.2	0.68	0.83
Alan David Lodge	0	0.2	1.07	0.83
Unplanned Weight Loss (Consecutive)				
McKellar Centre	0	0	1.35	0.82
Percy Baxter Lodges	0	0	1.14	0.82
Alan David Lodge	0	0	0.88	0.82

Preventing and detecting pressure ulcers

Following a review of monthly reporting increases in February 2016, a Pressure Injury Improvement Strategy was implemented to improve capacity to safely manage and monitor client's skin integrity and reduce the risk and occurrence of pressure injury within the Aged Care Directorate.

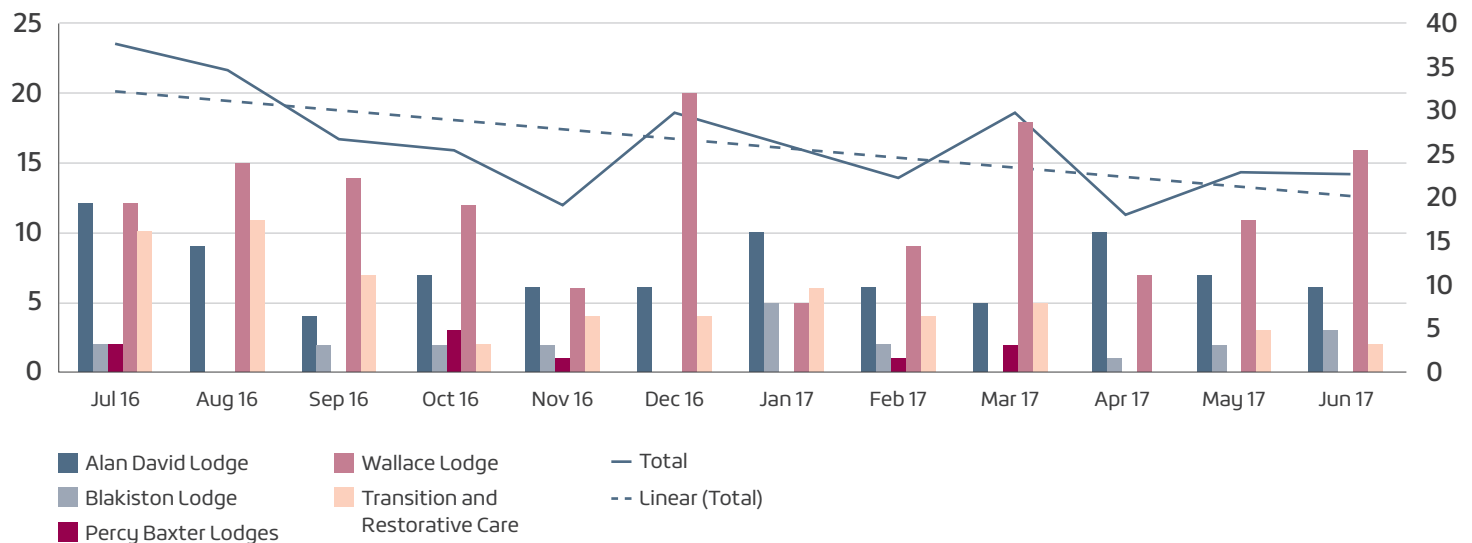
The actions within the strategy included the following:

- Implement Physiotherapy and Pain Management programs to undertake functional assessment of mobility and capacity for client's self-management of pressure risk.
- Improve identification of skin integrity concerns within clinical handover.

- Undertake a review of research based Pressure Injury risk assessments (Waterlow, Braden or Norton) and determine most appropriate tool.
- Enhancement of admission checklist to ensure skin assessment and actions are undertaken on day one of admission, improving early intervention strategies.
- Informed redesign of Care Planning product Platinum 5 to capture daily skin integrity activities.
- Implementation of an standardised equipment.
- Implementation of Mattress Selection Guide and Support Surface Evaluation tool for clinicians to ascertain most suitable mattress device for individual clients.
- Undertake education on the new systems, policies and products with support from Quality and Education teams.
- The implementation of a Skin Integrity Champion training program across the directorate to enhance site based resources.

The following table shows an indication on the reduction in rates the Aged Care directorate was able to achieve during the 2017/18 year and presents as a sustainable response identified through the risk monitoring systems in place. The strategy is now a living document that is reviewed by the service and will continue to aid and inform practice into the future.

PRESSURE INJURIES X NUMBER





Revitalised aged care facility opened

In March 2017, Barwon Health's \$2 million aged care hostel refurbishment officially launched at the McKellar Centre.

The major project took place over two years and gave new life to four Percy Baxter Lodge hostels – home to 80 residents.

The upgrade works included replacing carpets, painting walls, improved lighting, additional storage space, and commissioning Aboriginal paintings to feature in each lodge.

Barwon Health Aged Care Director, Ben Maw, said the facility needed a large refurbishment to improve its liveability and prepare for the future.

"It gives the residents a friendlier, spruced up area and it's certainly more inviting when you walk through the door," he said.

"The feedback is that this is certainly overdue and overall there's a general gratitude that as an organisation we've invested so much time and energy into the refurbishment, but we've also supported residents the best we could.

"We've got four very individual hostels now, when things could have been very cookie cutter and looked the same.

"The big success was the resident engagement and the family involvement, working with us to swap facilities and move rooms.

"We've given them a blank canvas and it's quite special that they can personalise it themselves.

Indigenous artist Nathan Patterson worked with Percy Baxter Lodge residents and Hamlyn Banks Primary School students to create a mural and four feature artworks.

Pictured: Percy Baxter Lodge resident Elise Broadbent with Aboriginal artwork created for the refurbished facility.

3.12 LISTENING TO PATIENTS AND CARERS

Barwon Health understands you know yourself or your loved one best. If consumers are worried their loved one's condition is deteriorating whilst in hospital, there is process in place so that care can be escalated, known as Patient and Carer Escalation (PACE).

PACE is a communication process that allows patients and carers to share any concerns or worrying changes in a person's condition with the ward's nurse in charge and request a review.

If concerns remain, a patient or carer can also contact the hospital's medical emergency team.

The PACE process is available on all acute wards at University Hospital Geelong.

Whilst PACE has not be used by a patient or carer at University Hospital Geelong in 2016-17, part of the process requires Barwon Health to communicate the importance of expressing concerns about signs, symptoms or worrying changes.

Barwon Health intends to launch a public awareness campaign about PACE and will continue to monitor the process.



How to use PACE at University Hospital Geelong

1. If you recognise a worrying change, alert the Nurse in Charge and request a review.
2. If you are still concerned, you can contact the Medical Emergency Team: Ask a staff member to call the team or dial *444 from any telephone within Barwon Health.

A Medical Emergency Team (MET) call is an emergency service and should only be activated when an immediate response is needed.

3.13 REPORT ON RESTRICTIVE INTERVENTIONS

The Swanston Centre Inpatient Unit is a facility to care for and treat people with psychiatric illnesses. The unit has 32 adult acute psychiatric beds and six aged care beds. In 2016-17 there were 936 admissions to the unit.

Restrictive intervention includes seclusion, physical restraint and mechanical restraint. Seclusion refers to a day, or part of a day, when a patient is admitted to receive hospital treatment; during this time and under certain circumstances, patients may require restraint or seclusion due to an immediate or imminent risk to their or other's health or safety.

The decision to use seclusion is a clinical one, to be taken after other less restrictive options have been considered, tried or excluded. The time of a seclusion event varies, dependent on the clinical need.

Seclusion rates for 2016-17 have improved since 2015-16, which were 17.4 episodes per 1000 bed days, meaning

a reduction of 0.6 episodes

per 1000 bed days.

How have we used restrictive interventions in 2016-17?

- Seclusion – 16.8 episodes per 1000 bed days (target is 15 episodes per 1000 bed days)
- Physical restraint – 84 episodes
- Mechanical restraint – 21 episodes

Overall, episodes of restraint have reduced by 17 episodes since the previous year.

How have we reduced restrictive interventions?

- Review of restrictive interventions and pathway to include:
 - Daily and weekly review of all restrictive interventions
 - Swanston Centre Clinical Governance Committee for restrictive intervention
 - Development of restrictive intervention procedural pathway
 - All restrictive interventions reported up to clinical risk committee
 - Updated the restrictive interventions guideline
- Increased engagement between staff and clients through Engagement & Observation Forms
- Review of the use of all spaces in Swanston Centre to ensure optimal client care
- Introduction of nursing model of rostering and allocation to improve continuity of consumer care
- Introduction of swipe bands for client access to rooms and restricted consumer access to a women-only area
- Review and implementation of more comprehensive risk assessment process.
- Introduced a lead psychiatrist for acute care
- Revised consultant ward rounds to ensure adequate clinical governance and oversight
- Appointment of an acute unit psychiatric consultant
- Appointment of director of nursing – mental health
- Appointment of nurse unit manager.

3.14 ENHANCING THE JOURNEY TO WELLNESS

There is increased recognition that people with 'lived experience' can bring value to improving consumer experience and outcomes in the mental health sector.

In early 2017, Barwon Health implemented a post-discharge peer support service for consumers who attend the inpatient psychiatric unit. The peer support service provides consumers with specialised support prior to and for the month following discharge, with the intent of ensuring that transition into the community during this challenging time is successful.

Peer support is an evidence-based form of support that utilises the experience of individuals who have faced, endured and overcome adversity in terms of recovering their mental health to offer effective support, encouragement, hope and empathic companionship to others facing similar situations. This is a new service model for the Mental Health, Drugs and Alcohol Service and therefore significant effort has been invested in preparing the existing staff and designing the model to work within the service efficiently, effectively and safely.

How has peer support enhanced consumer experiences?

During the first 14 weeks of operation, an experienced senior peer support worker delivered the service to 14 consumers and the experience was evaluated. The results showed:

- Consumers provided positive feedback, with all eight clients who have completed the service period advising it was beneficial in supporting their recovery.
- Staff were surveyed before and after the introduction of the service. There has been an increase in knowledge and engagement with the peer support worker role with 96 per cent of survey respondents anticipating that the role is here to stay.
- The fidelity of the model was shown to be robust. A few minor modifications were made to the timing of interactions with consumers.
- Feedback from the senior peer support worker has been captured and used to develop a handbook that will guide the delivery of the service in future.
- An additional two part-time peer support workers have now joined the service which will enable the service to expand.

3.15 REACHING OUT TO DIABETICS

With diabetes prevalent in the Geelong region, Barwon Health is committed to providing flexible care close to home for consumers.

Specialist diabetes care involving an endocrinologist and diabetes educator close to home means the community can feel confident they are receiving the very best care available.

In 2011, Greater Geelong had an estimated 11,238 residents with any form of diabetes, representing approximately five per cent of the population - compared to the state average of 4.5 per cent. Between 2001 and 2011, the number of Greater Geelong residents with diabetes increased 126 per cent.

This means Barwon Health needs to be flexible in service delivery for people with complex health issues. One way of supporting people in the community is by providing specialist diabetes services close to home.

What are we doing to support people with diabetes?

The Anglesea and Newcomb outreach diabetes clinics are an initiative developed by Barwon Health's Diabetes Referral Centre in conjunction with the community health program. They offer high quality, specialist diabetes care in the community.

Both clinics address the need for specialist diabetes care for consumers

who have complex Type 1 and 2 diabetes and may prefer to be seen closer to their home rather than travelling to University Hospital Geelong. This is especially valuable for people residing on the Surf Coast who may have difficulty commuting to Geelong for appointments.

The clinics are staffed by endocrinologists and diabetes educators. At Anglesea there is the opportunity to work closely with the Surf Coast Medical Centre to provide integrated care for people with diabetes. Both clinics welcome new referrals for complex adult Type 1 and 2 diabetes.



For more information about Barwon Health's diabetes services, phone Information and Access on 1300 715 673.

A photograph of a man in a dark suit and glasses sitting in a chair next to a hospital bed. He is holding the hand of a woman lying in the bed. The woman is wearing a white hospital gown and glasses. The scene is set in a hospital room with a window in the background. The image has a warm, orange-toned overlay. A large, dark red triangle is positioned in the top-left corner of the page.

CONTINUITY OF CARE



Hill-Rom

4.1 GOING HOME FROM HOSPITAL

A key section of the Victorian Healthcare Experience Survey asks patients about leaving hospital.

This section of the survey covers the discharge process. Patients were asked about how they felt about the length of their hospital stay, whether they were given enough notice about when they were going to be discharged and about any delays they faced. In addition, questions also covered whether the patient was given enough information about managing their health and care at home and whether their family/home situation was taken into account when planning their discharge. Patients were also asked to rate the discharge process.

The individual scores for each of the questions are then used to form a total score about how the patient transitions from hospital to home.

In 2016-17 on average

80%

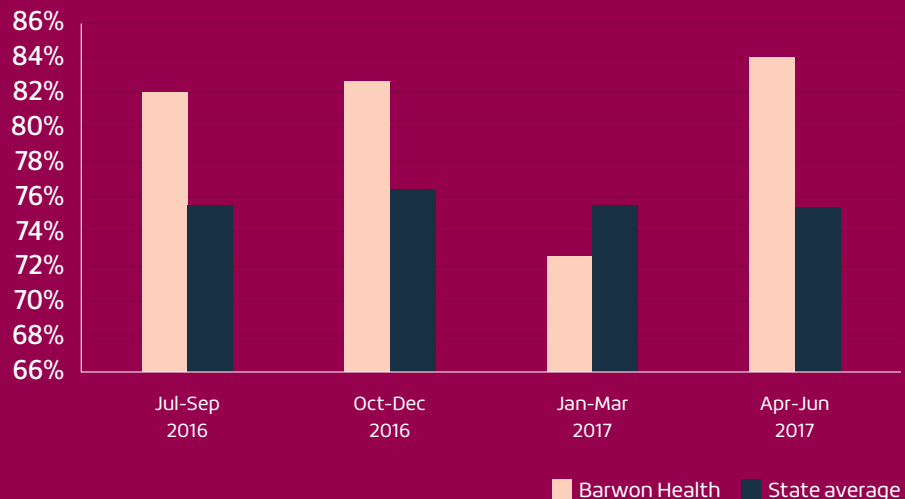
of the people being surveyed about their experience of leaving hospital

rated it positively

– the score being higher than the Victorian average.

We have seen an improvement from the previous year and hope our efforts continue to enhance the experience for patients as they transition from hospital to home.

TRANSITION FROM HOSPITAL TO HOME



The graph above shows how Barwon Health patients rated their discharge process from hospital against the state average.

4.2 A REASON TO SMILE

The Barwon Health TMJ Physiotherapy Clinic – advanced practice physiotherapy in the Department of Oral Health is helping return smiles to people's faces.

An issue was identified that people with temporomandibular joint (TMJ) pain, also known as jaw pain, were presenting at multiple places across Barwon Health with the result of inconsistent and often inequitable service delivery.

The demand had reached a point where it was often difficult for the Oral Health Service to address the consumers' needs. Many people were travelling to Melbourne and one solution, the supply of a mouth splint, was resulting in prohibitive costs for all.

A senior physiotherapist was employed to work alongside the oral health staff to address the cause of the jaw pain and offer additional support other than splinting and surgery.

This supported the evidence that suggested the best outcomes for TMJ pain are achieved through a multidisciplinary approach with conservative therapy, education and self-management. It was recognised that few people should need to progress to surgery.

The TMJ clinic at Belmont Community Health Centre supports people to see the right health professional for their problem. As well as seeing the dentist and physiotherapist referrals are generated to the GP, speech pathologists, psychologists, dental



prosthetists, dietitians and other medical specialists.

This well established clinic supports integrated care for people experiencing TMJ pain. It has reduced the need to travel to Melbourne and the number of splints required to be manufactured and modified.

Pictured: Staff from Barwon Health's TMJ Physiotherapy Clinic assess a patient.

	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE
Appointment process timely	47.06%	41.18%	5.88%	0.00%	5.88%*
Referral process timely	56.25%	31.25%	0.00%	6.25%	6.25%*
Staff caring and helpful	88.24%	11.76%	0.00%	0.00%	0.00%
My rights considered and respected	88.24%	5.88%	5.88%	0.00%	0.00%
The care I received met my needs	81.25%	12.5%	6.25%	0.00%	0.00%
I now have a better understanding of my condition	82.35%	17.65%	0.00%	0.00%	0.00%
I now have a better understanding of how to manage my condition	88.24%	11.76%	0.00%	0.00%	0.00%
I participated in my discharge planning	66.67%	20.00%	6.67%	0.00%	6.67%
My discharge was well coordinated	57.14%	35.71%	0.00%	0.00%	7.14%
My transition to other BH services well coordinated	50.00%	35.71%	14.29%	0.00%	0.00%
I received written information about the clinic prior	N/A	29.41%	17.65%	52.94%	N/A
The written information I received was useful	36.36%	27.27%	27.27%	9.09%	0.00%

People who have been to the TMJ clinic experience a high degree of satisfaction.

4.3 PERSONALISING HEALTHCARE

Personalised Health Care provides a positive and innovative way to support people with chronic disease.

The addition of a clinical protocol to support people with heart failure has meant people with heart failure have an extra way of being successfully managed.

In 2014-15, Community Health Rehabilitation and Palliative Care undertook a pilot project called Personalised Health Care (PHC). The project focused on clients who were living with a chronic disease, either Chronic Obstructive Pulmonary Disease (COPD), diabetes, or both conditions. These clients were provided with tablet technology and equipment that allowed clients to enter data about their health each day. When the data had been entered, the information was then sent to a team of nurses who were available for the clients 24 hours a day. The expert nurses were able to respond if the clients' data was unusual. The response always took the approach of direct client contact, but nurses may at times engage with other members of the clients' care team such as their GP, diabetes educator or specialist consultant doctor.

The results of the pilot identified that patients were less likely to require admission to hospital and when they were admitted, were likely to spend on average, four less days as an inpatient. Clients were also noted to have improved quality of life and health literacy. The success of the pilot has seen this program continue in Barwon Health's community settings with further engagement in the area of Palliative Care and with the community health nurses.

In 2016 it was identified that this program would meet the needs of heart failure clients. The PHC team engaged with HARP clinical staff, who held a skill set in managing heart failure, as well as the cardiologist working with the HARP team to further develop clinical protocols that could be delivered for heart failure clients. The development of the clinical protocols has resulted in this new patient group being catered for within the PHC service, with improved patient outcomes being identified by the clinical team working in this area. There are now a small number of clients who have COPD diabetes and heart failure who are managed by the PHC team. The support offered to this complex patient group has seen the success of the pilot continue with plans to further build on this success and expand the service in 2017.

4.4 RESPONDING TO THE NEEDS OF CONSUMERS

A client was referred to occupational therapy at a Barwon Health community health centre for a raised toilet seat. 'Mr H' was experiencing deterioration in his health and also had Parkinson's disease.

On the initial visit, Mr H reported being unwell for the last week so he had stopped taking his medication, including insulin. His usual GP was away and medical follow-up had not been organised. The occupational therapist (OT) made an appointment with an alternative GP, organised a taxi and contacted the family and case manager. The OT followed up with the community Diabetes Educator who, in turn, followed up with Mr H regarding his diabetes management and insulin dosages. The Diabetes Educator spoke directly with Mr H, checked that his insulin had been reinstated and an appointment was scheduled for the following day. In addition, community nursing was involved to ensure Mr H's medication management was checked.

It was also noted Mr H's wife appeared to have some memory loss and had concerns about people entering the home. The OT gently encouraged Mr H and his wife to agree to speak with their family and case manager concerning Mrs H's declining memory. The OT consulted with the couple's daughter and their case manager to support Mrs H in gaining access to the Cognitive, Dementia and Memory Service at the McKellar Centre. This assessment provided the diagnosis of dementia, which in turn led to more support for both Mr H and his wife.

This collaborative approach to both Mr and Mrs H's healthcare ensured their needs were comprehensively addressed by numerous services provided in the community by Barwon Health.



DID YOU KNOW?

In 2016-17 the Primary Care teams across Community Health provided

57,789 hours
of healthcare to the community.



4.5 PLANNING FOR FUTURE HEALTH

An Advance Care Plan (ACP) promotes care that is consistent with a person's goals, values, beliefs and preferences.

The ACP process provides an opportunity for a person to plan for their future medical and healthcare, for a time when they may no longer be able to communicate those decisions themselves. This helps to prepare the individual, their family and healthcare providers should important medical decisions need to be made on the person's behalf.

The state-wide aim for health services is that 50 per cent of people admitted, aged over 75 years, have an ACP in place or have identified a substitute decision-maker.

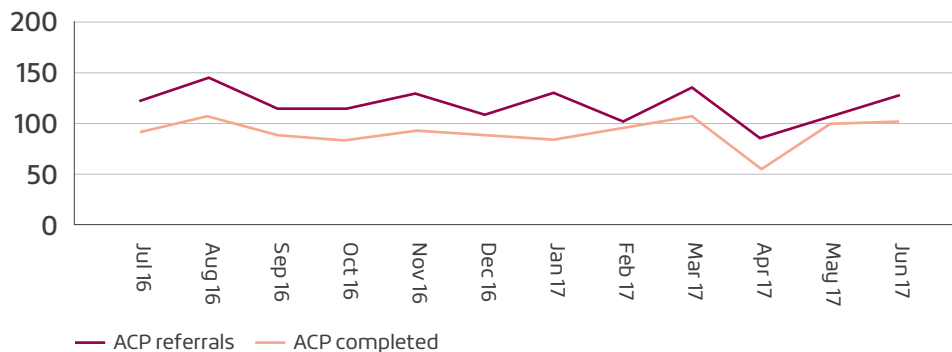
In the past 12 months, Barwon Health has seen 29 per cent of people admitted over the age of 75, with an ACP or a substitute decision-maker. This is a three per cent increase from the previous year.

The current state average is 10 per cent and Barwon Health is one of the top three health services leading the state in this area.

What are we doing to increase awareness and uptake of ACP?

- Ongoing provision of Outreach Advance Care Planning facilitators in 15 GP clinics across the Barwon region.
- Partnering with Barwon Health's Aboriginal Health Program and the Wathaurong Health Service to improve access and participation for the Aboriginal and Torres Strait Islander community.

ACP ACTIVITY 2016-17 – REFERRALS AND COMPLETED PLANS



The graph above shows the trend in the number of ACP referrals (red line) received and the number of ACPs completed (pink) in 2016-17.

- Partnering with Karingal St Laurence staff, consultants and consumers to improve access and participation for people with disability.
- Commencement of the ACP Community Ambassador Program – three Barwon Health volunteers attended training and have received mentoring to assist in raising awareness through the provision of community information sessions.
- Thirty community presentations and 17 in-house education sessions have been provided in 2016-17.
- An ACP survey is provided to gather client experience and feedback for improvement.
- ACP program staff have attended Advanced Communication Skills training through the Barwon Health iValidate program.

1416 new referrals culminating in 1092 completed ACP documents (77 per cent conversion referral to completed ACP)

4348 acute episodes of care with an ACP in place

344 sub-acute episodes of care with an ACP in place

412 deaths with an ACP in place

MONICA'S PLAN

“So much planning goes into entering this world, but we don't plan to exit. It's just as important, and nothing to be feared.”
- Monica Hayes

Monica Hayes was 64 when she died in August 2016 from Motor Neurone Disease (MND), a progressive, neurological disease.

A wife and mother of two, the Portarlinton resident was also a passionate advocate for end of life planning.

Monica made an Advance Care Plan (ACP) some time before being diagnosed with MND, and the decision was influenced by watching close relatives die following long and painful illnesses.

One of the most important aspects of an ACP is to have discussions about values and wishes with the people closest to you. For Monica, her husband Geoff was that person.

How were you involved in the process of creating Monica's Advance Care Plan?

Geoff: I agreed with her sentiments - and we both agreed that I would not be named as one of the people to be involved if she was incapacitated as I would be too close to her to make an objective, logical decision concerning the maintenance of any life support systems.

How did the ACP help ensure Monica's wishes were met?

Geoff: Consistent with her philosophy, when Monica was diagnosed with MND she indicated that she did not want her life prolonged by medication or artificial feeding. As the disease was incurable and terminal, it was her wish that it run its natural course.

To this end, she was able to refer all her treating professionals to the terms of her plan - particularly when they were suggesting options such as medication and the use of a PEG, or feeding tube.

How were Monica's wishes met in the end?

Geoff: Monica died some 16 months after her diagnosis. Notwithstanding the effects of MND, including robbing her of the ability to speak and severely compromising her nutrition, she enjoyed a good quality of life until the end. She remained in control of her destiny and her treatment.

Engaged and feisty to the last, the day she died was the first day she didn't get out of bed. Monica passed as she wished - peacefully, at home surrounded by her family. She was and remains an inspiration to many in her community and beyond.

For information about Advance Care Planning phone Barwon Health's Information and Access Service on 1300 715 673 or visit www.barwonhealth.org.au



WHAT IS A SUBSTITUTE DECISION MAKER?

Substitute decision makers are legally appointed to make decisions on behalf of another person. These decisions may be about financial, lifestyle or medical issues. In Victoria, this could be a Power of Attorney or guardian.





4.6 OUR STAFF KNOWING YOUR VALUES

Barwon Health's iValidate™ program was developed to improve person-centred, end-of-life care in the actual setting, by teaching communication skills to health professionals.

Introduced at Barwon Health in 2015, iValidate™ ensures world-class, patient-centred end-of-life care is given to patients with life limiting illnesses.

The three key stages of iValidate™ include:

- Initial discussion to identify patient preferences, goals and values
- Medical advices tailored to the individual
- Collaborative agreement regarding a treatment plan.

Following the implementation of iValidate™, staff observed an increase in documentation of patient goals and values, decreased MET calls, reduced mortality in cancer and organ failure groups, and reduced hospital readmission in the frailty group. Dignity, avoidance of pain and suffering, and independence were the values considered most important to patients and consumers, while longevity was least important.

These innovative programs represent a major commitment at an institutional level to improving the delivery of person-centred end-of-life care.

More than
140 clinicians
have completed the two day
iValidate™ workshop.

Pictured: ICU Director Dr Neil Orford and his team have supported the implementation of iValidate across Barwon Health.

Reflections from Dr Michael McVeigh on how iValidate™ training has supported him

After struggling for several minutes to initiate a conversation with Murray, our live-simulation patient, regarding his wishes with respect to end of life care, I had to call a timeout. The ensuing conversation with the iValidate™ facilitator went like this:

Dr Michael: *I just don't know how to broach the subject.*

iValidate™ facilitator: *Well, why do you want to have the conversation in the first place?*

Dr Michael: *Because given Murray's age and co-morbidities, I'm worried that there's a real chance he might not survive this hospital admission, and I would like to know what's important to him in advance in case he does deteriorate.*

iValidate™ Facilitator: *"Ok... Why don't you just tell him that?"*

It shouldn't be so hard to talk to people about their values and wishes for their life, particularly as they are nearing its end. Most people who have a life limiting illness will have previously thought about what is important to them, and have firm ideas about both what they would be willing to endure, and what quality of life would be an acceptable outcome from their hospital stay. Despite this, there remains a significant reluctance amongst admitting doctors, myself included, to engage the topic upon the first contact in the Emergency Department.



iValidate™ is designed to focus on the aspects of the conversation we might find difficult, and to practice communication techniques to overcome this in a safe environment with professional patient actors. It also enabled me to pick up on different approaches and varying skills utilised by nursing staff and medical practitioners in different specialities.

Coming out the other side of iValidate™ training I feel like my patients and their families are both better informed about the potential course their admission could take, but have also had the opportunity to make a shared decision about their treatment based on what is important to them.

Dr Michael McVeigh

Dr Michael McVeigh is a medical registrar and has been at Geelong since 2013. He is currently based at the McKellar Centre working in geriatric rehabilitation.

4.7 DYING WITH DIGNITY



Dignity Therapy documents palliative patients' life reflections and preserves messages for their loved ones.

Based at the McKellar Centre, 14 volunteers run the Dignity Therapy program, using skills from a wide variety of professional backgrounds, including journalism, social work, case management, local politics and school administration.

Face-to-face interviews with palliative patients provide an opportunity to reflect on key aspects of their lives, while documenting messages for family and friends in a printed book.

Barwon Health's Dignity Therapy team is the world's only known volunteer group running the program, due to the amount of skill, time, and passion required to carry out the work.

Barwon Health Palliative Care Program Manager Jacqui White said Dignity Therapy volunteers went above and beyond to offer the therapeutic service.

"It's a guided interview that gives palliative patients a chance to reflect on things important in their lives, as well as an opportunity to leave messages for their loved ones," she said.

"It's not an enormous group of volunteers, but they have showed a great commitment to dignity therapy, which is a really time intensive therapeutic intervention.

"They'll come after hours and on weekends, and they provide a really high level of support."

Ms White said health services around the world had attempted but failed to sustain the program using paid workforces.

"For us as clinical teams, the volunteers are an absolutely integral part of our team. We couldn't offer the same breadth of services and individual services to our consumers without the support of the volunteers."

Dignity Therapy volunteer Tonya Court said it was humbling and gratifying to become connected to strangers through such a unique and bittersweet experience.

"It's an amazing process by which the human spirit, all broken and perhaps ready to give in to the inevitable, arises one last time to translate all those precious memories to someone they've never met and won't ever get the chance to stay connected," she said.

"What the volunteers do enables treasures and pockets of wisdom to be recorded down, so the family and generations to come will be able to remember and piece together the person now gone in physical aspect, but remembered in the soulful realm."

In 2016-17,
34 patients
participated in a life reflections document with the Dignity Therapy Program.

What is Palliative Care?

Palliative care aims to support people living with a terminal illness. The care focuses on supporting the person who has the illness as well as their family and friends.

Palliative care concentrates on a person's quality of life by managing symptoms, and meeting a person's social, emotional and spiritual needs. It also provides advice, support and education to family and friends.

The Barwon Health Palliative Care program is a specialist interdisciplinary palliative care service committed to providing the best possible person centred care to support people living with a terminal illness.

The program consists of a hospital based Palliative Care Consultancy team, Community Palliative Care team, Palliative Care Unit and specialist palliative care outpatient clinics based at both the Andrew Love Cancer Centre and the McKellar Centre.



DID YOU KNOW?

In May 2017, the State Government awarded Barwon Health Dignity Therapy Volunteer Program with the Minister for Health's Improving the Patient Experience Award.

DIRECTORY

Hospital Services

UNIVERSITY HOSPITAL GEELONG

Bellerine Street, Geelong

General enquiries	4215 0000
Emergency Department	4215 0100
Aboriginal Health	4215 0769
Admissions	4215 1298
Advance Care Planning	1300 715 673
Andrew Love Cancer Centre	4215 2700
Barwon Medical Imaging	4215 0300
Barwon Paediatric Bereavement	4215 3352
Consumer Liaison	4215 1250
Cardiology (Geelong)	4215 0000
Diabetes Referral Centre	4215 1383
Dialysis Unit	4215 3600
Gretta Volum Centre	4215 2841
Home Referral Service	4215 1530
Hospital in the Home	4215 1530
Maternity Services	4215 2060
Outpatients	4215 1390
Palliative Care	4215 5700
Perioperative Service	4215 1627
Pharmacy	4215 1582
Social Work	4215 0777
Waiting List Service	4215 1624

Barwon Health Foundation 4215 8900

Barwon Health Volunteer Services 4215 8919

Community Health Centres

General enquiries

Anglesea 11 McMillan Street	4215 6700
Belmont 1-17 Reynolds Road	4215 6800
Corio 2 Gellibrand Street	4215 7100
Newcomb 104 -108 Bellarine Hwy	4215 7520
Torquay 100 Surfcoast Hwy	4215 7800

Community Health Services

Carer Respite Services	1800 052 222
Hospital Admission Risk Program	4215 7401
Immunisation Service	4215 6962
Paediatric & Adolescent Support	4215 8600
Referral Management	1300 715 673

Day programs

Anglesea	4215 6720
Belmont	4215 7049
Norlane	4215 7300
Torquay	4215 7935

Dental services

Belmont	4215 6972
Corio	4215 7240
Newcomb	4215 7620

Community Nursing 1300 715 673

Aged Care

General enquiries	4215 5200
Alan David Lodge	4215 6500
Blakiston Lodge	4215 5241
Percy Baxter Lodges	4215 5892
Wallace Lodge	4215 6190
Barwon Regional Aged Care Assessment Services	4215 5610

Rehabilitation Services

MCKELLAR CENTRE

45-95 Ballarat Road, North Geelong

General enquiries	4215 5200
McKellar Inpatient Rehabilitation Centre	4215 5200
McKellar Community Rehabilitation Centre	4215 5301
McKellar Hydrotherapy Centre	4215 5851
Belmont Community Rehabilitation Centre	4215 7000
Continence Service	4215 5292

Mental Health, Drugs & Alcohol Services

For crisis support, information and referral enquiries (all ages)	1300 094 187
Needle & Syringe program (freecall)	1800 196 187
Families where a parent has a mental illness	5222 6690

barwonhealth.org.au

 facebook.com/barwonhealth

 twitter.com/barwonhealth

 instagram.com/barwon_health



Kellie
Clinical Nurse
Educator
Barwon
Health

Barwon
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PACED
TRAVEL



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